

15-552-137535

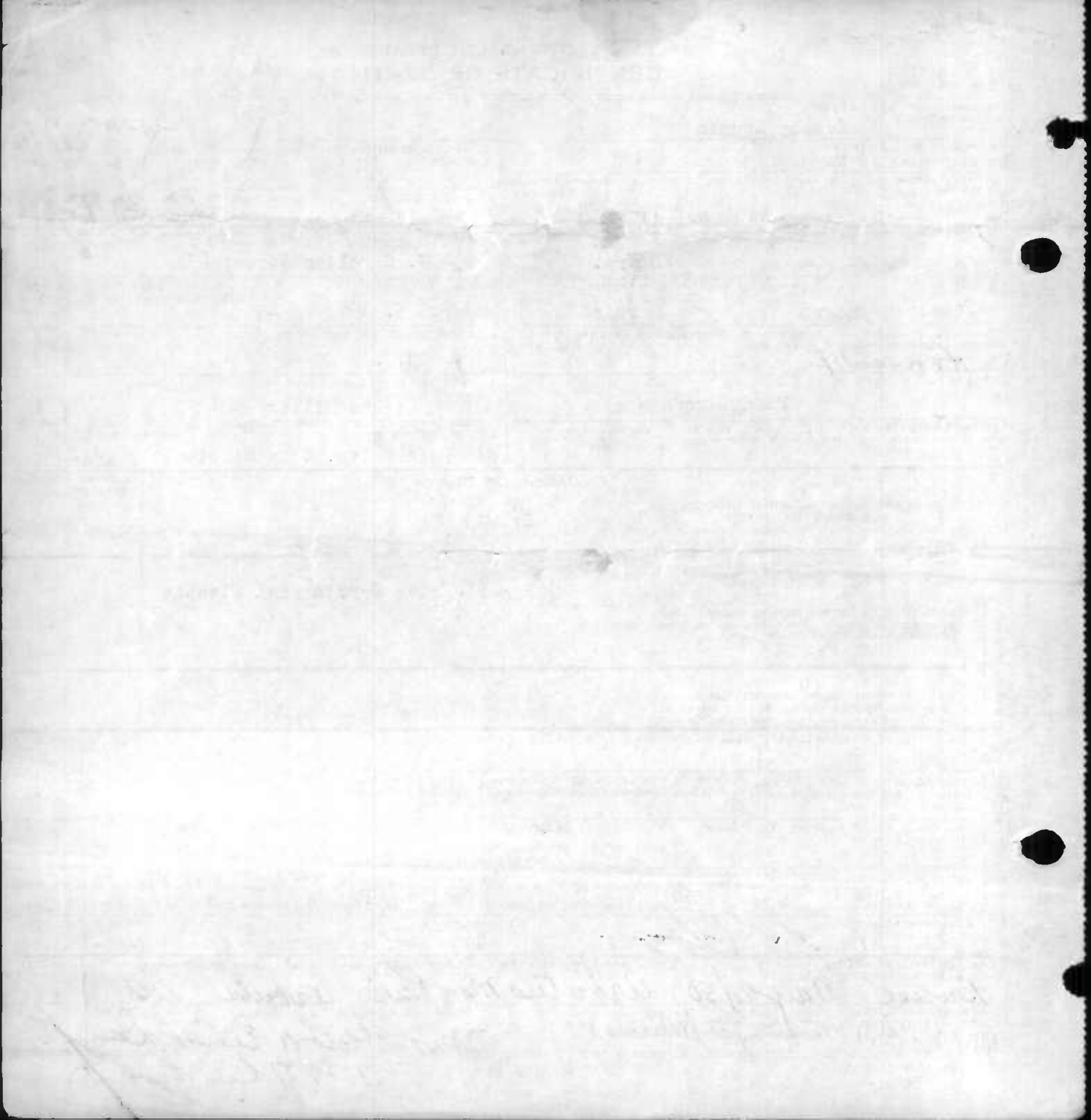
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4001

BIRTH NO. 50 4001

1. NAME OF DECEASED (Type or Print) Zenoba Lowman			2. DATE OF DEATH 4-28-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 26 Yrs.			D. STREET ADDRESS (If rural, give location) 904 N. Caroline Street (5)		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1905	9. AGE (in years last birthday) 45	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) S.C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank Brown			14. MOTHER'S MAIDEN NAME Lizzie Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records* Balto. City Hospitals			ADDRESS 4940 Eastern Ave.		
18. 442 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia (A) DUE TO ANTECEDENT CAUSES Hypertensive Cardiorenal Disease (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-24 , 19 50 to 4-28 , 19 50 , that I last saw the deceased alive on 4-28 , 19 50 and that death occurred at 12:45 P.M. from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 4-28-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 2/50		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	
24D. LOCATION (City, town, or county) (State) Arbutus Md		25. FUNERAL DIRECTOR Mr. Robert A. Elliot & Daughter		ADDRESS 400 2129 N. Carroll St	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 - 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4002
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MAGGIE TURNER			2. DATE OF DEATH 4-27-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1613 N. Gilmer			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Ind. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01		
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1613 N. Gilmer St		
5. SEX Female	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH (Month Day Year) June 8, 1879	9. AGE (In years last birthday) 79	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS William Rice 1613 N. Gilmer St		

18. 442 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular renal (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO (C) _____
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-24-50 , 19 50 , to 4-27-50 , 19 50 , that I last saw the deceased alive on 4-27-50 , 19 50 , and that death occurred at 2:00 p.m., from the causes and on the date stated above.		
23A. SIGNATURE George A. Page	23B. ADDRESS M. D. 1816 N. Mount St	23C. DATE SIGNED 5-1-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/1/50	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
24D. LOCATION (City, town, or county) (State) Md Balto		25. FUNERAL DIRECTOR ADDRESS Geo. S. Nelson 1303 Presatman

VS 150

131a **St**

Received 5/1/50
The D. Nelson 13037
and 13038

M-534

50 4003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4003
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN M. MANDEL

2. DATE
OF
DEATH

5-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

BALTO

MD 21-00

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST PAUL CONVALESCENT HOME

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTIMORE

MD

D. STREET ADDRESS (If rural, give location)

1121 NANTICOKE ST

c. Length of stay in Baltimore

51 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL-13-1899

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MORADER.

10B. KIND OF BUSINESS OR
INDUSTRY

U S NAVY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF
WHAT COUNTRY?

U S

13. FATHER'S NAME

JOHN M MANDEL

14. MOTHER'S MAIDEN NAME

MARY SCHULTZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
ROSE E. MANDEL-1121 NANTICOKE ST

18.

193X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Generalized Carcinomatous 2 mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of the Brain 1 yr.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to May 1, 1950, that I last saw the
deceased alive on May 1, 1950, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert B. Timney

M. D.

23B. ADDRESS

920 St Paul St

23C. DATE SIGNED

5-1-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 - 1950

Huntington Williams, M.D.

Bernard C. Harle

VS 150

49696

54B

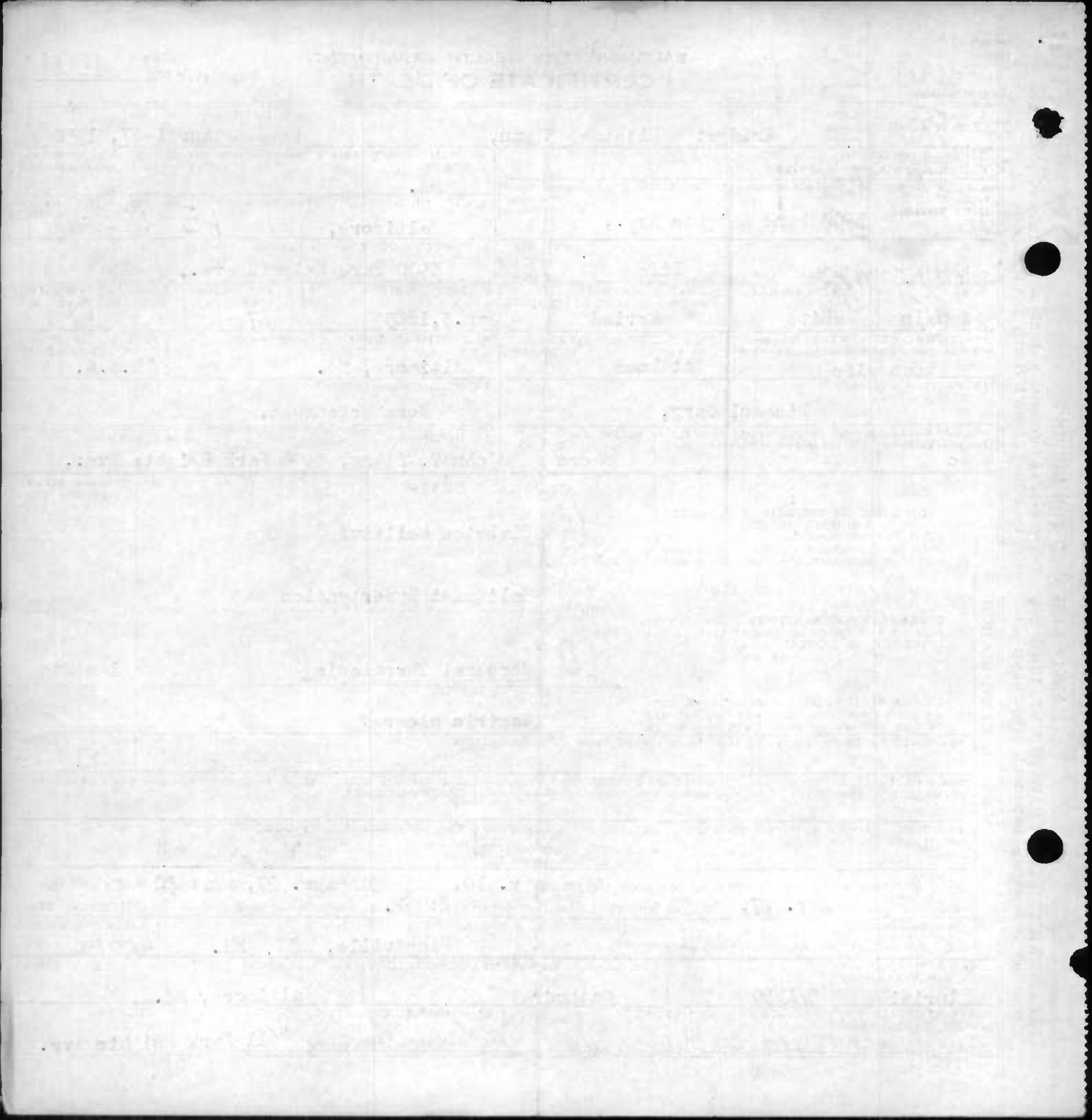
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4004

BIRTH NO. <u>450</u>		1. NAME OF DECEASED (Type or Print) <u>Bridget Eileen Flynn,</u>		2. DATE OF DEATH <u>April 27, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>15-12</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3900 Park Heights Ave.,</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore,</u>		
C. Length of stay in Baltimore <u>life</u>			D. STREET ADDRESS (If rural, give location) <u>3900 Park Heights Ave.,</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 3, 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months: <u> </u> Days: <u> </u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Michael Gary,</u>			14. MOTHER'S MAIDEN NAME <u>Nora McDonough,</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>n one</u>	17. INFORMANT ADDRESS <u>John T. Flynn, 3900 Park Heights Ave.,</u>		
18. <u>260X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(3) Diabetes Mellitus</u> DUE TO <u>(2) Malignant hypertension</u> DUE TO <u>(1) Cerebral Thrombosis</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Gastric ulcer ?</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>		
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Apr. 10,</u> 19 <u>50</u> , to <u>Apr. 27,</u> 19 <u>50</u> that I last saw the deceased alive on <u>Apr. 27,</u> 19 <u>50</u> , and that death occurred at <u>8:00P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Charles J. Williams</u>		23B. ADDRESS <u>Pikesville, 8 Md.</u>		23C. DATE SIGNED <u>4/27/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>5/1/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>4611 Park Heights Ave.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 1 - 1950</u>		REGISTRAR'S SIGNATURE <u>William Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>4611 Park Heights Ave.</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4005**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELWOOD

BISHOP

2. DATE
OF
DEATH

April 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1705 McCulloh Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-20-1937

9. AGE (In years last birthday)

22

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

U. S. Navy

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Vernell Bishop

14. MOTHER'S MAIDEN NAME

Ruby Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes NAVY 1948

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vernell Bishop 2632 Boon. St

18. E 978. I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Crushing injury of chest
Multiple fractures of ribs
Fracture of pelvis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Gaither Place, side of Central Police

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4/27/50 10:15 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Jumped from 3rd floor window into street Bldg.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

4/28/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/1/1950

24C. NAME OF CEMETERY OR CREMATORY

Balls National Cemetery

24D. LOCATION (City, town, or county)

2nd

DATE RECEIVED BY LOCAL REGISTRAR

MAY 1 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rayner Sanders

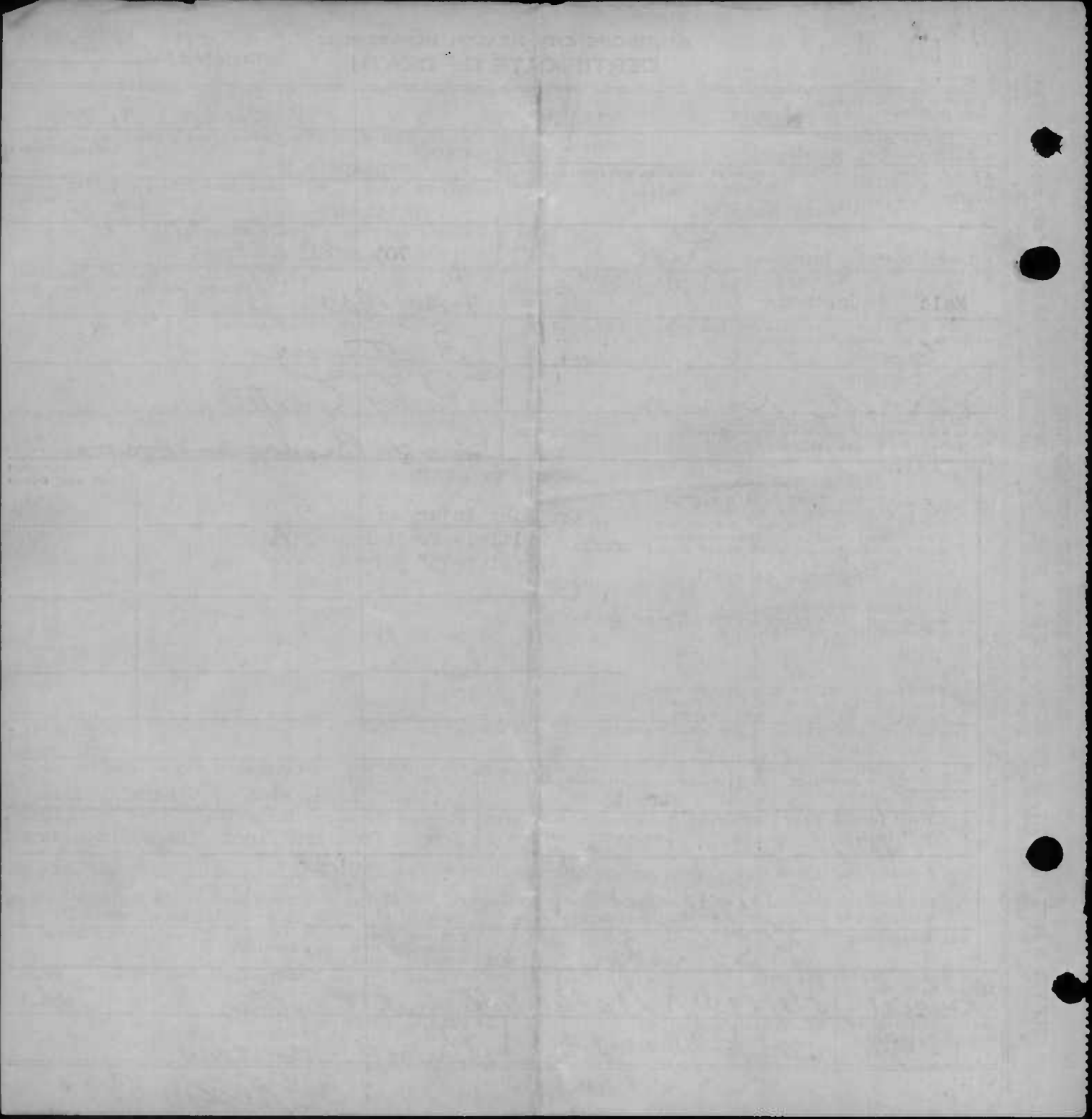
ADDRESS

164 E

VS 151

N-862.2

72096 1412 E Preston St



T-360
50 4006BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4006

Registered No.

BIRTH NO. 50 4006
1. NAME OF DECEASED
(Type or Print)

Harry R. Titter

2. DATE
OF
DEATH

4/29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1010 Joh Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Mar. 24, 1864

9. AGE (In years
last birthday)

86

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steam Eng. Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Steamboats

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Titter

14. MOTHER'S MAIDEN NAME

Liza

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mrs. C. Brinkley

1010 Joh Ave.

18.

422.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Arteriosclerotic C.V. disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING ITINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

D. J. Lubinski

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
4/29/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/2/50

24C. NAME OF CEMETERY OR CREMATORY

Bethel Cem.

24D. LOCATION (City, town, or county)

Cecil County, Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William J. Pickney & Sons

MAY 1 - 1950

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

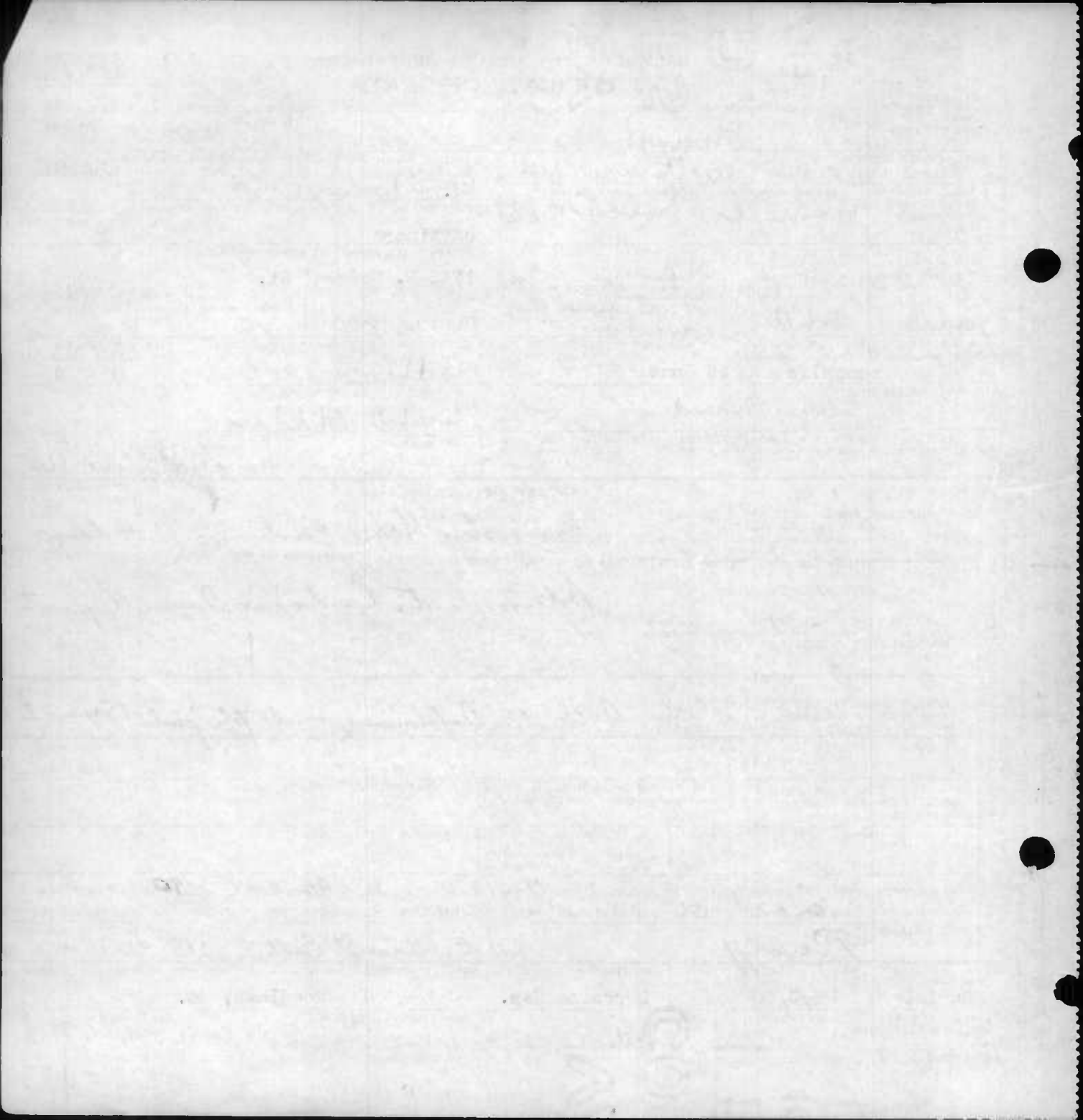
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4007**

BIRTH NO. **50 4007**

1. NAME OF DECEASED (Type or Print) Ida E. Stewart			2. DATE OF DEATH Apr. 29, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland. Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore, Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incurables			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life			O. STREET ADDRESS (If rural, give location) 1745 E. Federal St.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 10, 1870		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Braid			14. MOTHER'S MAIDEN NAME Elizabeth Slidders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT M. F. Owens, Home for Incurables		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4 yrs. 1			CAUSE OF DEATH (A) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.			(B) Arteriosclerotic Cardio Vasc. Disease		10 years ±
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Arthritis Deformans, multiple joints		15 years ±
19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 10th , 19 45 , to April 29th , 19 50 , that I last saw the deceased alive on April 29th , 1950, and that death occurred at 10:44 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE T. Cwoj		23B. ADDRESS M. D. 11 E. Chase St. Baltimore 2 Md.		23C. DATE SIGNED 4/30/1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/3/50		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. Tichener & Sons		ADDRESS Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1950		REGISTRAR'S SIGNATURE Wm. J. Tichener		VS 150	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4008

BIRTH NO. 50 4008

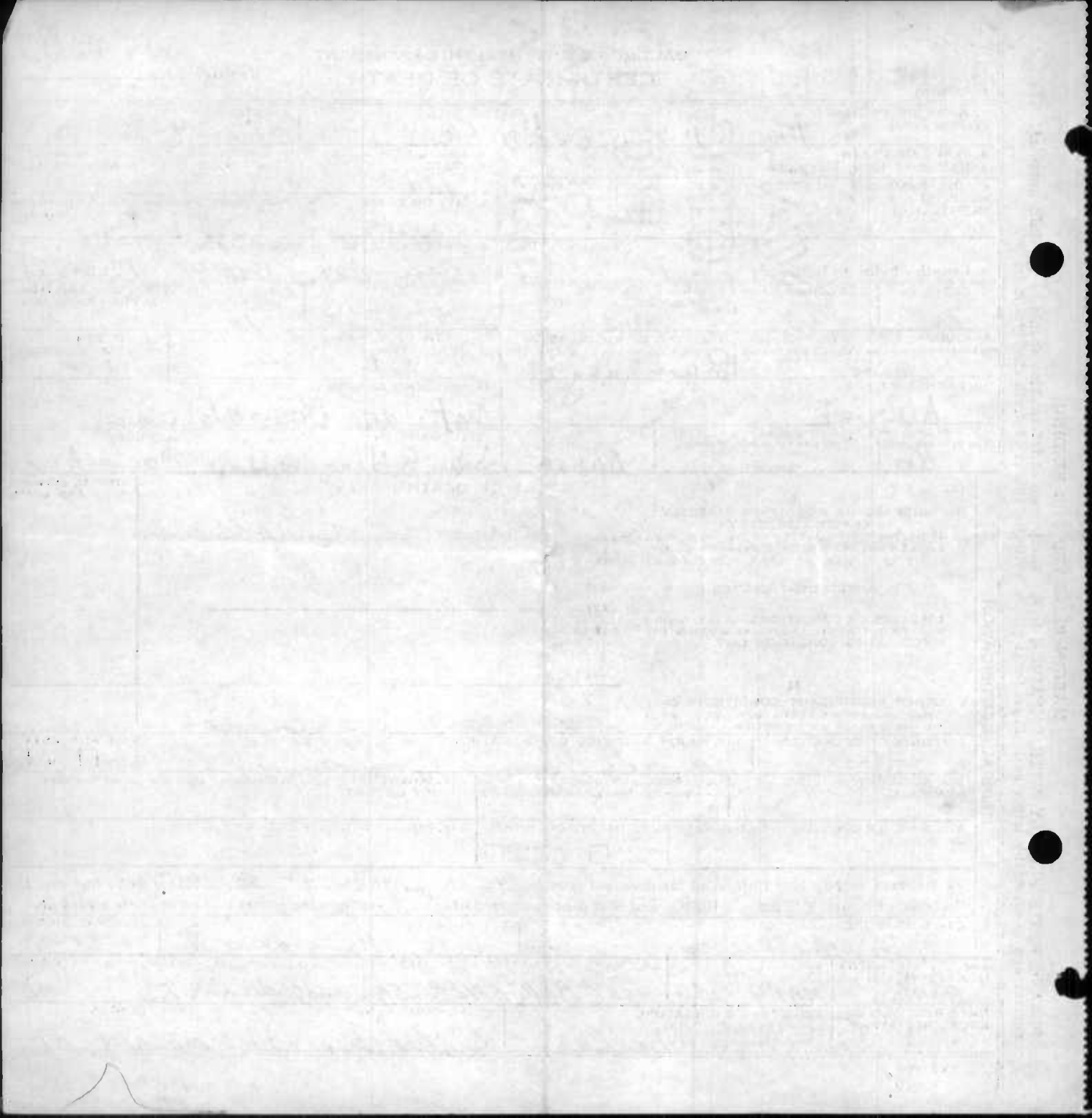
1. NAME OF DECEASED (Type or Print) MARTHA IRMA HIRTH			2. DATE OF DEATH 4/29/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION WEST BALTIMORE GEN' HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-07		
c. Length of stay in Baltimore LIFE Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2617 GARRETT AVE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH FEB 12 1898	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY HOME		
11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME JOHN HUNT			14. MOTHER'S MAIDEN NAME MARTHA CROCKETT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT FRANKLIN HERBY HIRTH			ADDRESS 2617 GARRETT AVE		
18. 442 X ? CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cerebrovascular Disease					
(B) Chronic Pyelonephritis, Hydronephrosis					
DUE TO Hydronephrosis, Nephrolithiasis					
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/27 , 1950, to 4/29 , 1950, that I last saw the deceased alive on 4/29 , 1950, and that death occurred at 6:50 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE G. Robert Hardy M. D.			23B. ADDRESS West Balt. Gen'l Hosp.		23C. DATE SIGNED 4/30/50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 3 1950		24C. NAME OF CEMETERY OR CREMATORY TRUID RIDGE CEM.	
24D. LOCATION (City, town, or county) (State) KEISTERSTOWN, PD.		25. FUNERAL DIRECTOR DIPPEL BROS. 1800 E. LOMBARD ST.			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4009
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Bernard A. Hengemihle</i>		2. DATE OF DEATH <i>4-30-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>Essex</i> <i>5300</i>			
c. Length of stay in Baltimore <i>76</i> Yrs. <i>None</i> Days <i>None</i>		D. STREET ADDRESS (If rural, give location) <i>Mac Ave. Box 22 Balto 21</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>wid.</i>		8. DATE OF BIRTH <i>5-3-73</i>	9. AGE (In years last birthday) <i>76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Paper hanger</i>		11. BIRTHPLACE (State or foreign country) <i>MD.</i>	
13. FATHER'S NAME <i>August</i>		14. MOTHER'S MAIDEN NAME <i>Matilda Rosenbauer</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>John B. Hengemihle Mac Ave</i>	
18. <i>147 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Carcinoma of hypopharynx</i>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Generalized arteriosclerosis</i>					
19A. DATE OF OPERATION <i>4-19-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Metastatic carcinoma of hypopharynx</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-11, 1950</i> to <i>4-30, 1950</i> , that I last saw the deceased alive on <i>4-30, 1950</i> , and that death occurred at <i>3:10 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Joseph Krejci</i>		23B. ADDRESS M.O. <i>1400 N. Caroline St</i>		23C. DATE SIGNED <i>4-30-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>MAY 3 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER CEM.</i>	
24D. LOCATION (City, town, or county) (State) <i>MD</i>		24E. LOCATION (City, town, or county) (State) <i>MD</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1 - 1950</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Doppel Bldg 7110 BELAIR RD</i>	



M-625
50-4010BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4010

1. NAME OF DECEASED (Type or Print) <i>Virginia L. Merchant</i>			2. DATE OF DEATH <i>4/29/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>870 W. Lombard St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18-03</i>		
C. Length of stay in Baltimore <i>14 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>870 W. Lombard St.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>2/17/1901</i>	9. AGE (In years last birthday) <i>49</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Henry Prye</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>2</i>	17. INFORMANT <i>LeRoy D. Merchant</i>		
			ADDRESS <i>870 W. Lombard</i>		

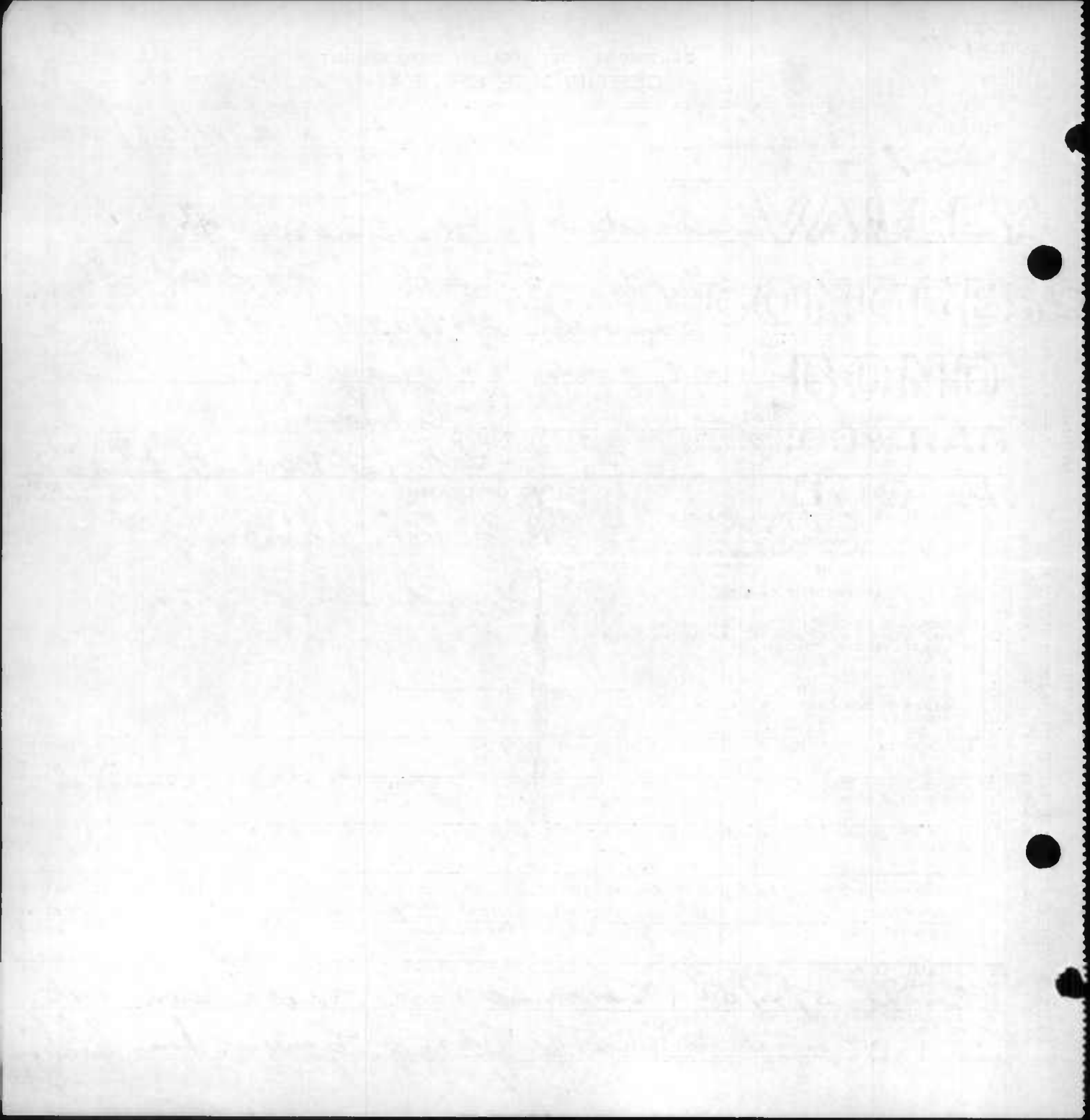
18. <i>443 X I</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebral Hemorrhage</i>	
ANTECEDENT CAUSES	(B) <i>Hypertensive C. V. disease</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March</i> , 1950, to <i>4/29</i> , 1950, that I last saw the deceased alive on <i>4/24</i> , 1950, and that death occurred at <i>4:00 PM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. S. Lubinski</i>		23B. ADDRESS <i>1945 W. Baltimore St.</i>		23C. DATE SIGNED <i>5/1/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/2/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 1 - 1950</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John J. Gowan</i>		
		ADDRESS <i>937 St.</i>			

VS 150

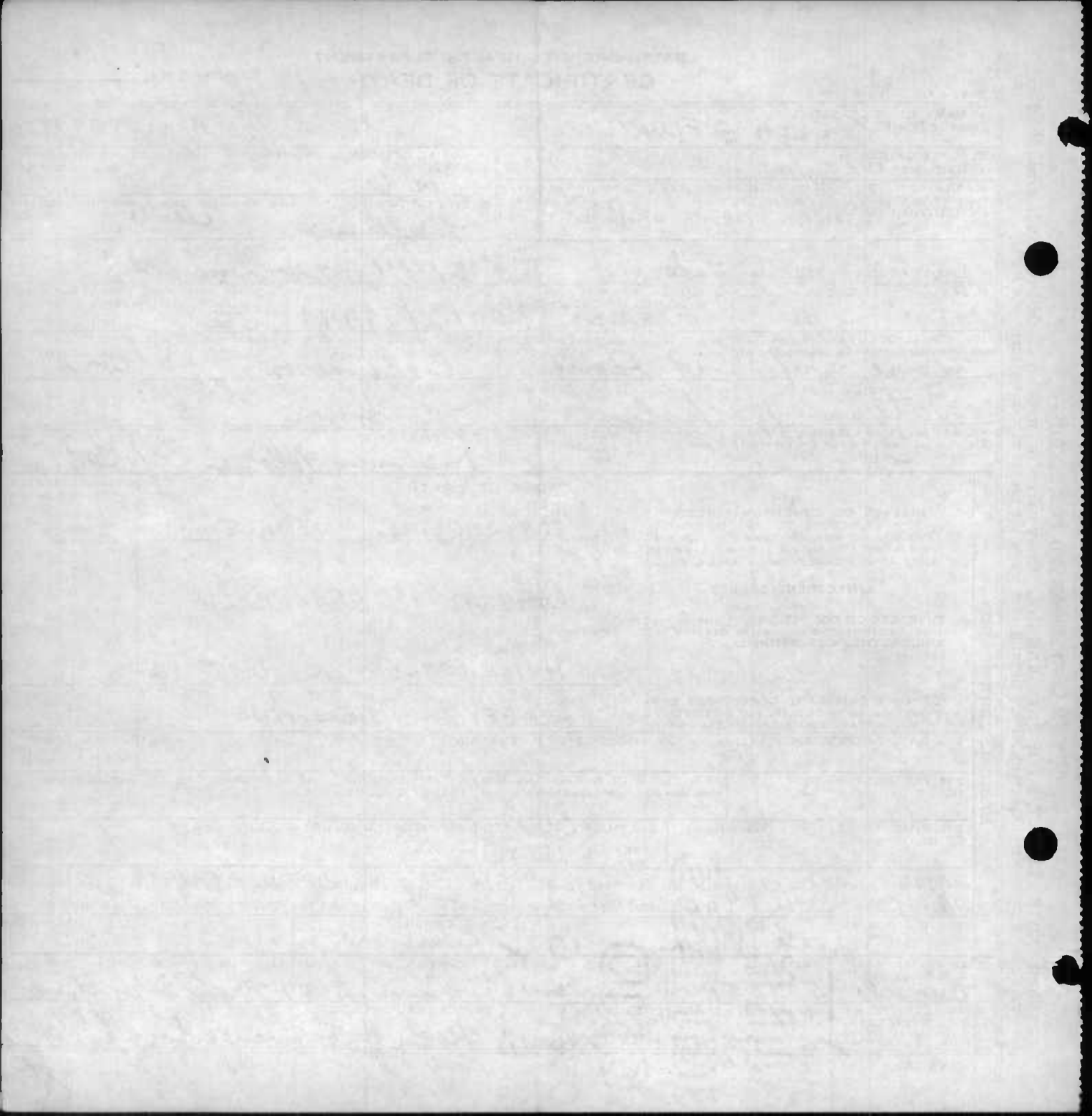
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4011
Registered No.

BIRTH NO. 50 4011		1. NAME OF DECEASED (Type or Print) ELLA E. FLORA		2. DATE OF DEATH APRIL 29, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SINAI HOSP. OF BALTO.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-04		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2147 Hollins St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/2/1897	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME William Nickols			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT ADDRESS Herman Flora 2147 St. Hollins		
18. 470.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) MYOCARDIAL INFARCTION DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) CORONARY THROMBOSIS DUE TO					
(C) ARTERIOSCLEROTIC HEART DIS.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DIABETES MELLITUS					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIL 28, 1950 , to APRIL 29, 1950 , that I last saw the deceased alive on APRIL 29, 1950 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Barnett Berman		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 4-29-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/3/50		24C. NAME OF CEMETERY OR CREMATORY London Park Cem.	
24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave					
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 - 1950		REGISTRAR'S SIGNATURE Livingston Williams		25. FUNERAL DIRECTOR ADDRESS John J. Cowan & Son 201 St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4012
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Temple

2. DATE
OF
DEATH

April 22, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

825 Hanover Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

825 Hanover Street

C. Length of stay in Baltimore

10 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Chemical Plant

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Temple

14. MOTHER'S MAIDEN NAME

Ella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah Temple - 825 Hanover Street

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

E. L. Royer

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

23 Apr 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 2, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Ct.

24D. LOCATION (City, town, or county)

Baltimore, City

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 1 - 1950

REGISTRAR'S SIGNATURE

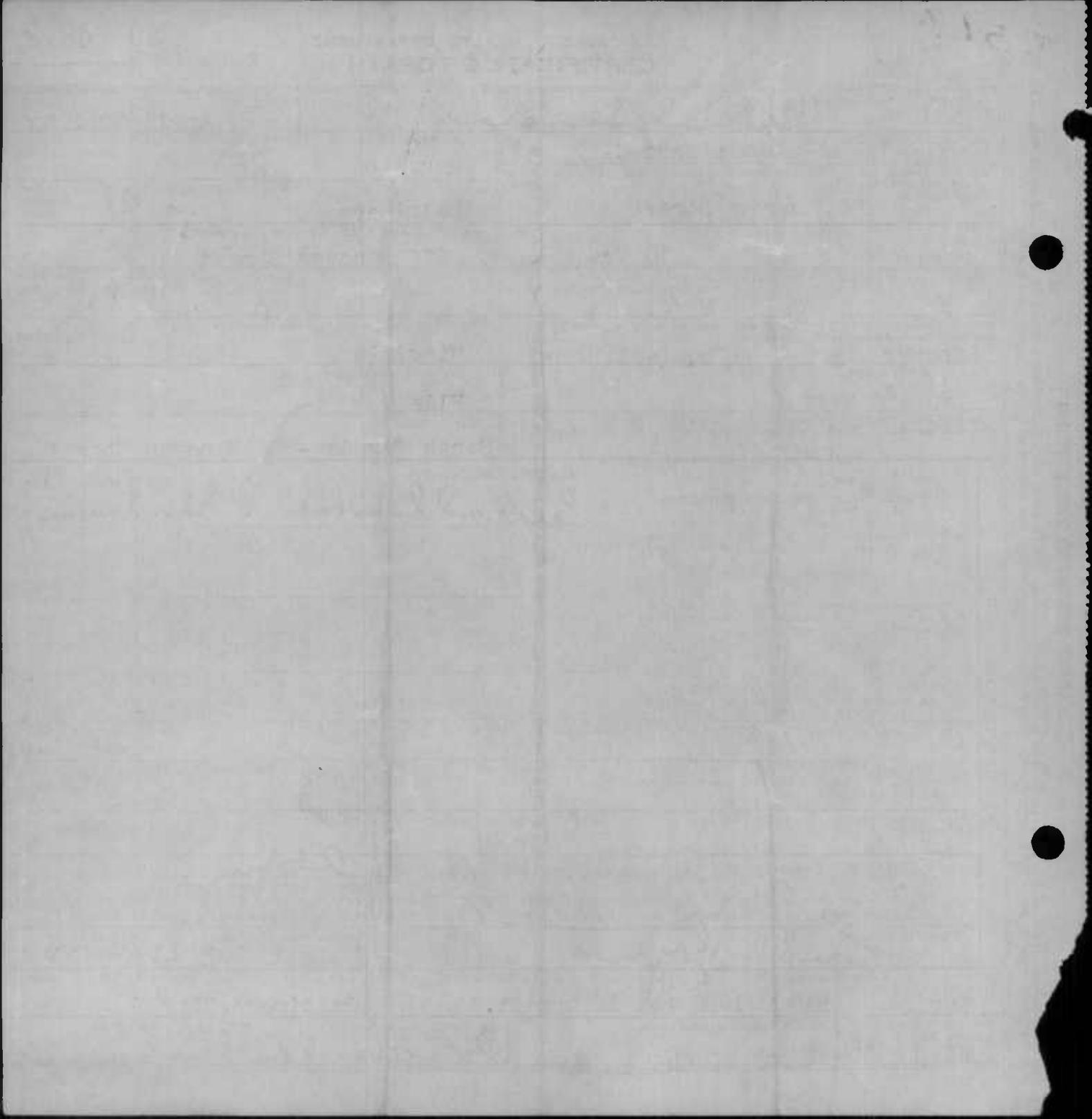
Montgomery Williams

25. FUNERAL DIRECTOR

J. L. Brown & Son - Montgomery St

ADDRESS

108 W 83a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Arthur Warfield

2. DATE
OF
DEATH

Apr. 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 1608 Poplar Grove St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1608 Poplar Grove St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 3, 1899

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

H.A. Warfield

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Warfield

14. MOTHER'S MAIDEN NAME

Lula Hitchcock.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna May Warfield 1608 Poplar Grove St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

about 3 1/2 hrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to April 30, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-3-50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn

Md.

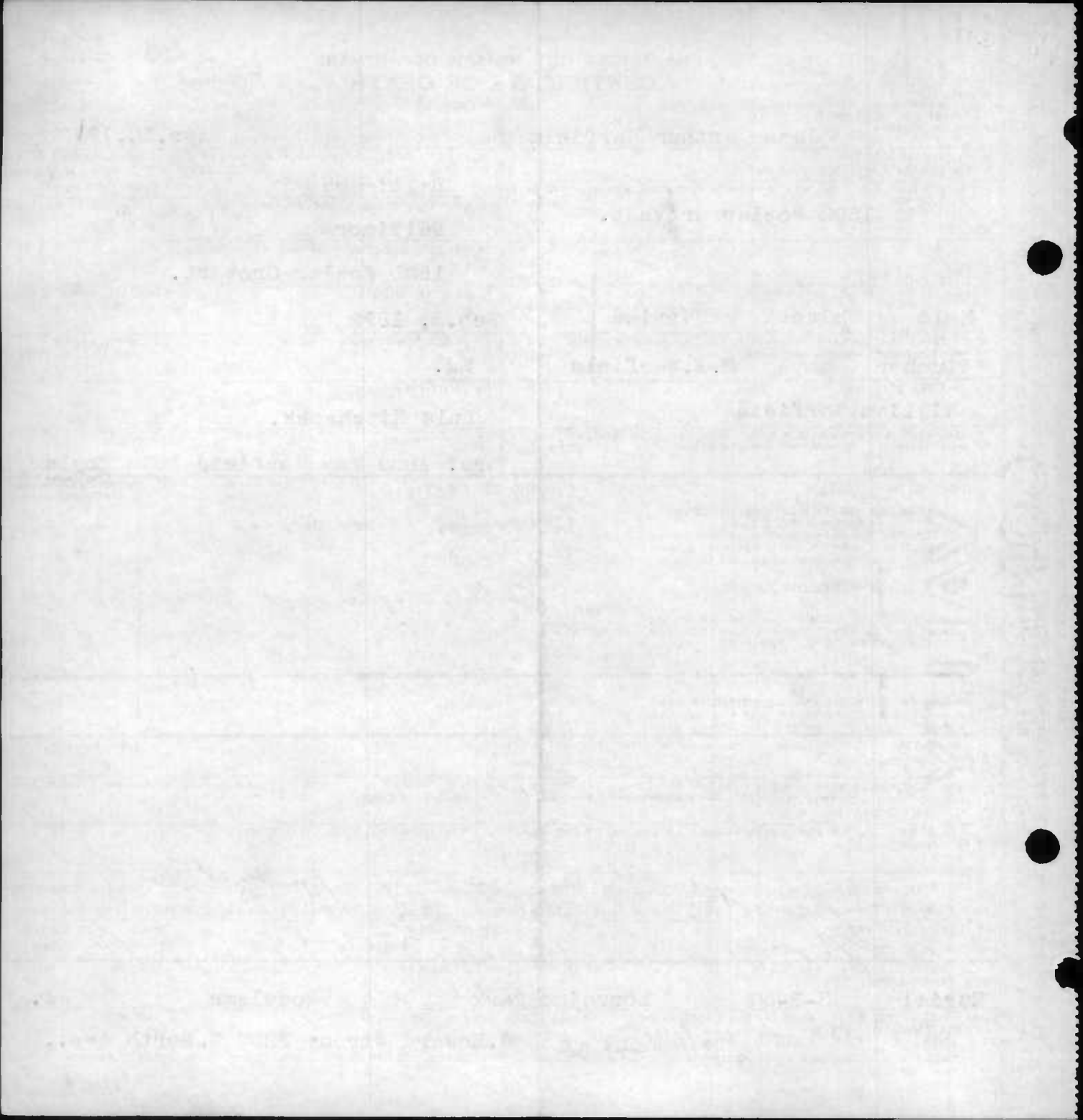
DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 1950

G. Howard Strong 3207 W. North Ave.,



M-643
50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

To be approved
by chief Medical
Examiner

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4014
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Mrs. CATHERINE S. MARLATT		2. DATE OF DEATH April 28, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland West Baltimore Gen. Hosp. B. FULL NAME OF HOSPITAL OR INSTITUTION Rayner Ave. & Dukeland St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3016 Gwynns Falls Parkway			
c. Length of stay in Baltimore	Yrs. Mos. Days	8. DATE OF BIRTH Oct. 6, 1875		9. AGE (In years last birthday) 74	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. BIRTHPLACE (State or foreign country) Md.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William H. Singleton		14. MOTHER'S MAIDEN NAME Mary Snyder		17. INFORMANT Mrs. Catherine Bear 3016 Gwynns Falls	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, do or unknown) no		16. SOCIAL SECURITY NO. none		ADDRESS	
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolism CAUSE OF DEATH (A) DUE TO		18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture, neck, left femur (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture, neck, left femur (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
19A. DATE OF OPERATION 4/17/50		19B. MAJOR FINDINGS OF OPERATION Fracture, neck of Left Femur		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None - 3016 Gwynns Falls Parkway	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 4 14 50 9:30 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fall while dressing	
22. I hereby certify that I attended the deceased from 4/14, 1950, and that death occurred at 10:35 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Lucy Morrow		23B. ADDRESS West Balto Gen. Hosp.		23C. DATE SIGNED 4/29/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-2-50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.,		ADDRESS	

MAY 1 - 1950
VS 150
N-820.1
4015
186a

E 235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4015

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Euchtman

2. DATE
OF
DEATH

4/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1717 N. Smallwood St

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore Md

c. Length of stay in Baltimore

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

1717 N. Smallwood St

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

22

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Plasterer

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Celia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leva Euchtman

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Anterior meningitis C. V. disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. R. Williams

M.D.

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

4/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-1-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 1 - 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Jr.

ADDRESS

2100 Eutaw Pl

VS 151

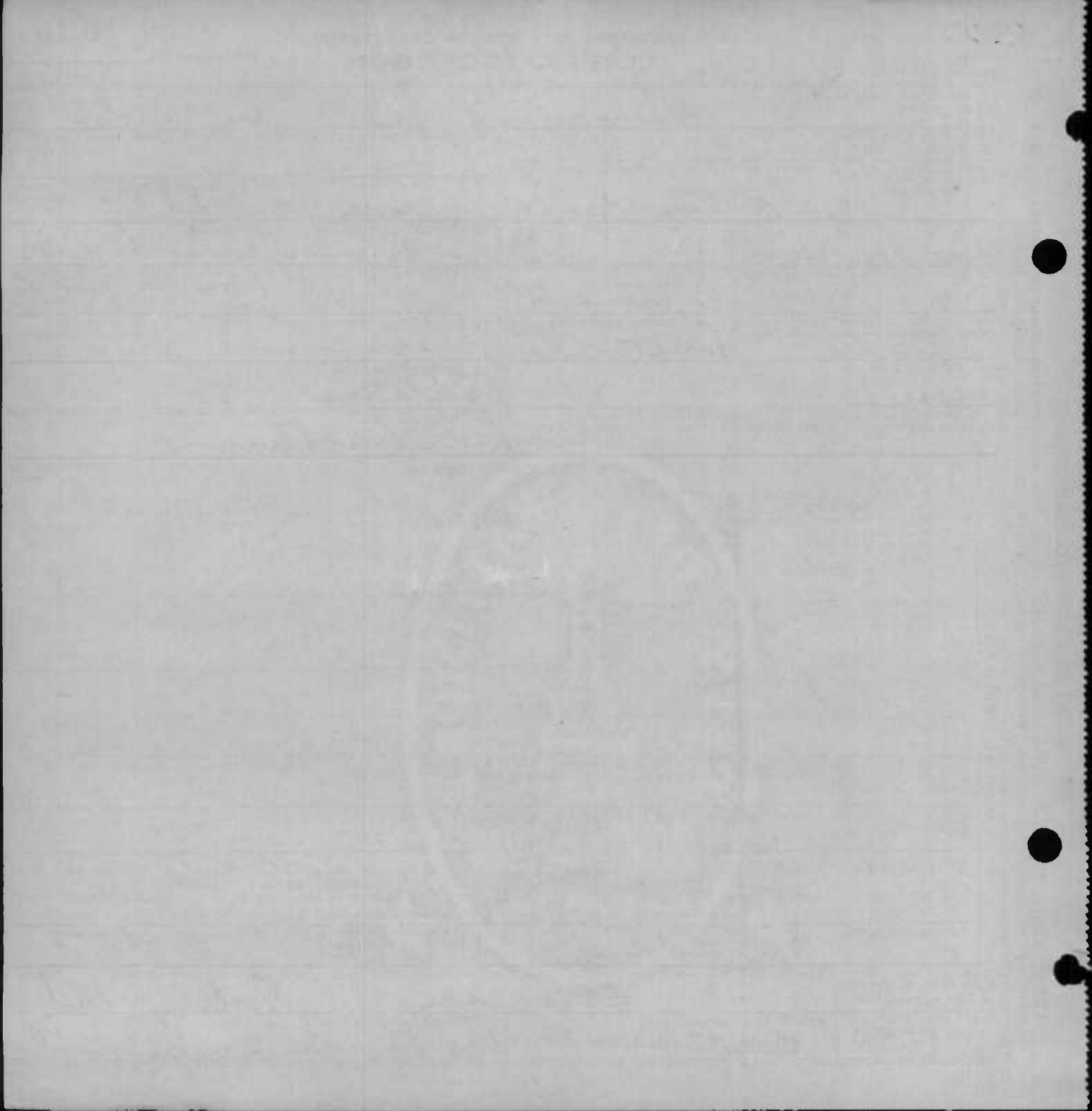
346 V9

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



G. 426-136004
50 4016BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4016
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Fannie Glazer

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Avenue

46 Years

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 3, 1884

9. AGE (In years

last birthday)

66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(D)

14. MOTHER'S MAIDEN NAME

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic Heart Disease
Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1950 to 5-1, 1950, that I last saw the
deceased alive on 5-2, 1950, and that death occurred at 12:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-1-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

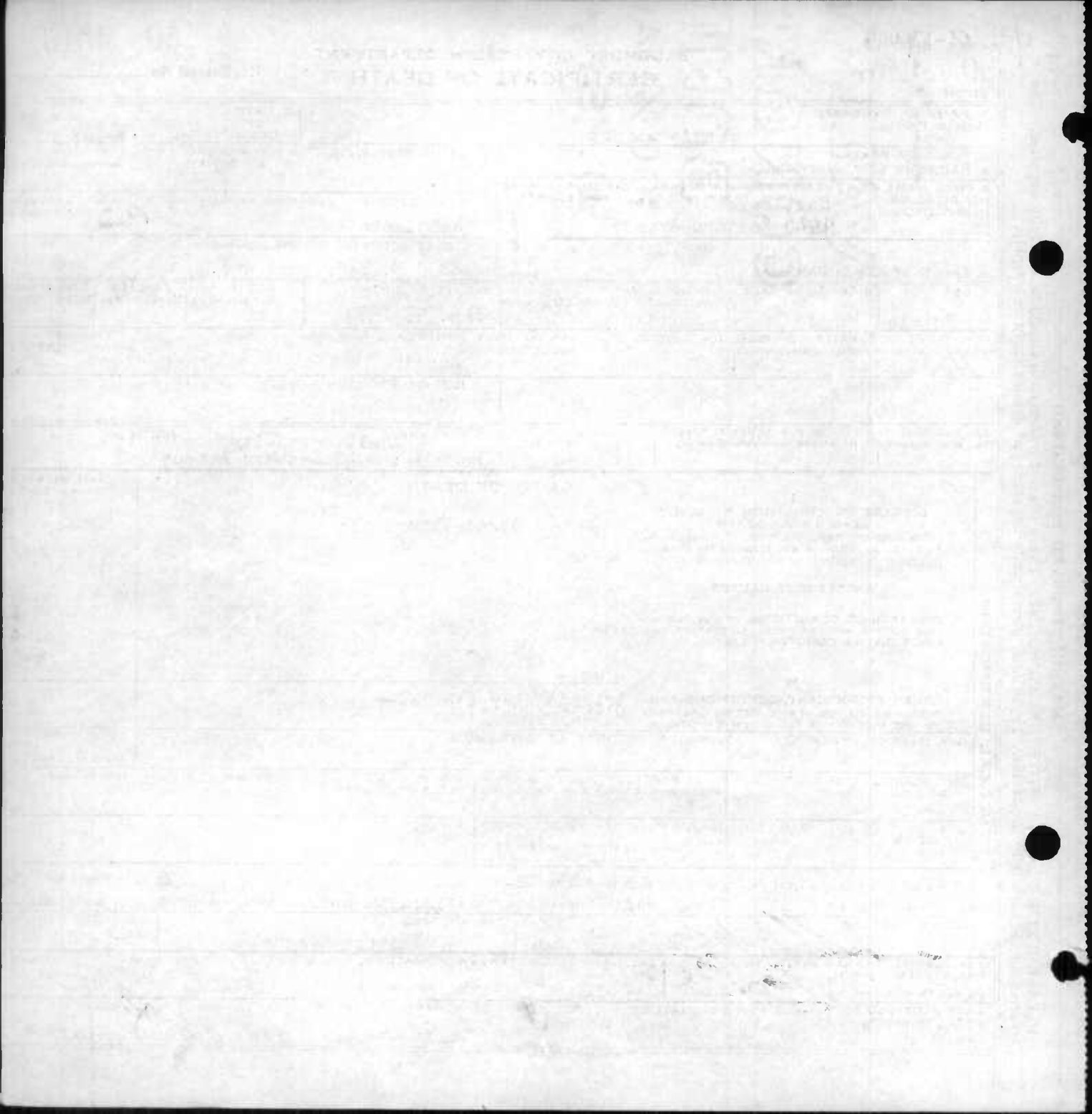
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4017

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Horner

2. DATE
OF
DEATH

APR 30 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

8-06

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1629 N. Durham St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH

Nov. 21st 1910

9. AGE (in years
last birthday)

39

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

American Can Corp.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Horner

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

215-01-7778

17. INFORMANT ADDRESS

JOHN HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

myocarditis, type
undetermined with
congestive heart failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

potassium intoxication

6 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-1950 to 4-30-1950 that I last saw the
deceased alive on 4-30-1950 and that death occurred at 420 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edy H. Schenrich, M.D.

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

4/30/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Moran

ADDRESS

3000 E. Balto. St.

MAY 1 - 1950

VS 150

98F 3V

93E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4018

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella G. Taylor

2. DATE
OF
DEATH

5-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Bel Air

(If outside corporate limits, write RURAL and give township)

6200

D. STREET ADDRESS (If rural, give location)

Main Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 14, 1884

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dish washer

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Patrick

14. MOTHER'S MAIDEN NAME

Julia Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18. 570.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

ANTECEDENT CAUSES

(B) DUE TO

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Redundant signoid

19A. DATE OF OPERATION

4-20-50

19B. MAJOR FINDINGS OF OPERATION

Partial intestinal obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1950, to 5-1, 1950, that I last saw the
deceased alive on 4-30, 1950, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Kunkel

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-1-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

Saurin

24D. LOCATION (City, town or county)

Bel Air Rural Hartford

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

E. Taylor Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph K. Kunkel, Bel Air

MAY 1 - 1950

VS 150

77077

122B

CERTIFICATE OF DEATH

Signature of Registrar

Signature of Medical Officer

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4019

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TONY LUMBER

2. DATE
OF
DEATH

4/30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR 1200 Block Light St. location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1132 S. Hanover St.

c. Length of stay in Baltimore

7 yrs.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 11, 1891

9. AGE (In years
Last birthday)

59 yrs.

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR
INDUSTRY

Lock Insulator Co. Austria

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

404-10-4935

17. INFORMANT ADDRESS

Frank Lumber-Son-1128 S. Hanover St.

18. 231X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death)(A) *neoplasms, undiagnosed
of mediastinum*

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30/50 to 4/30/50, that I last saw the
deceased alive on 4/30/50, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Dr. Gajarian M.D.

23B. ADDRESS

1213 Right St.

23C. DATE SIGNED

4/30/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

May 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State)

Ritchie Highway BaltoMd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216S. Charles

Balto. 30 Md.

MAY 1 - 1950

VS 150

49635

57E

Nature of the tumor unknown, permission for autopsy denied.
Letter in document file 50-4019-6/26/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4020
Registered No.

BIRTH NO. 50 4020		1. NAME OF DECEASED (Type or Print) <u>Mary Emma Berger</u>		2. DATE OF DEATH <u>April 27, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2321 E. Federal St.</u> <u>00</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>23-01</u>			
c. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1304 S. Hanover St.</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 17, 1881</u>	9. AGE (In years last birthday) <u>69 yrs.</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore Md.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Charles P. Steinbach</u>		14. MOTHER'S MAIDEN NAME <u>Mary McGary</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT ADDRESS <u>Mr. William Berger 1700 Patapsco St</u>	
18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>I</u> DUE TO <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Coronary Thrombosis</u> DUE TO <u>Cardiac Dilatation</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/5</u> , 19 <u>50</u> , to <u>4/27</u> , 19 <u>50</u> that I last saw the deceased alive on <u>4/27</u> , 19 <u>50</u> , and that death occurred at <u>10:45 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Vincent M. Messina</u>		23B. ADDRESS <u>1403 S Charles St.</u>		23C. DATE SIGNED <u>4/29/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>May 1, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Old Frederick Rd. Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>KRAUSE FUNERAL HOME 1216 S. Charles</u>			

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

REPORT MADE BY

DATE

PLACE

SEX

AGE

CAUSE

MANNER

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

DATE OF INTERVIEW

INTERVIEWER

DATE OF SIGNATURE

SIGNATURE

DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

50 4021

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **JAMES A. MURPHY**

2. DATE OF DEATH **April 28, 1950**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Arbutus

c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

D. STREET ADDRESS (If rural, give location)
5526 Peak Avenue

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
Nov. 30, 1865

9. AGE (In years last birthday)
84

If Under 1 Year
Months _____ Days _____

If Under 24 Hours
Hours _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10B. KIND OF BUSINESS OR INDUSTRY
Confectionery Store

11. BIRTHPLACE (State or foreign country)
Ma.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
James A. Murphy

Owner

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Hattie R. App, 5526 Link Ave.

18. **E 812.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Multiple rib fractures**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Fracture of left femur**

DUE TO

(C) **Hemo-pneumo thorax**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
East Drive 50' east of Sulphur Spring

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
March 11, 1950 7:39p. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
RS Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
April 28, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
May 3/50

24C. NAME OF CEMETERY OR CREMATORY
New Cathedral, 3800 Old Frederick Rd. Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR
MAY 1 - 1950

REGISTRAR'S SIGNATURE
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR
Harry F. Witzke

ADDRESS
1700

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased: _____
 2. Sex: _____
 3. Age: _____
 4. Date of birth: _____
 5. Place of birth: _____
 6. Date of death: _____
 7. Place of death: _____
 8. Cause of death: _____
 9. Manner of death: _____
 10. Signature of physician: _____
 11. Signature of registrar: _____
 12. Date of registration: _____

13. Name of informant: _____
 14. Address of informant: _____
 15. Signature of informant: _____
 16. Date of completion: _____

17. Name of informant: _____
 18. Address of informant: _____
 19. Signature of informant: _____
 20. Date of completion: _____

21. Name of informant: _____
 22. Address of informant: _____
 23. Signature of informant: _____
 24. Date of completion: _____

25. Name of informant: _____
 26. Address of informant: _____
 27. Signature of informant: _____
 28. Date of completion: _____

29. Name of informant: _____
 30. Address of informant: _____
 31. Signature of informant: _____
 32. Date of completion: _____

33. Name of informant: _____
 34. Address of informant: _____
 35. Signature of informant: _____
 36. Date of completion: _____

37. Name of informant: _____
 38. Address of informant: _____
 39. Signature of informant: _____
 40. Date of completion: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4022
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Suzanna Rachubinski

2. DATE
OF
DEATH

April 28 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 623 S. Rose Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

623 S. Rose Street

c. Length of stay in Baltimore

60 Years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 11 1893

9. AGE (In years
last birthday)

67

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank Gorcewicz

14. MOTHER'S MAIDEN NAME

Rosalie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Anna Kateschi 1091 Washington

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute pulmonary edema 4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive C-V disease 20 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Auricular fibrillation 2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1949, to 28 April, 1950, that I last saw the deceased alive on 14 Feb., 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Rozd M.D.

23B. ADDRESS

2601 Eastern Ave.

23C. DATE SIGNED

29 April 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 1 - 1950

Huntington Williams, M.D.

John M. Weber 401 S. Chester Street

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4023
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ruby L. Hamilton			2. DATE OF DEATH 4/29/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 625 W. University Parkway			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 55 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 625 W. University Parkway		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH -----	9. AGE (in years last birthday) 55	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY -----			12. CITIZEN OF WHAT COUNTRY? -----		
13. FATHER'S NAME John Hannibal			14. MOTHER'S MAIDEN NAME Katherine -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -----			16. SOCIAL SECURITY NO. -----		
17. INFORMANT Cornelius J. Hamilton			ADDRESS 625 W. Univ.		

18. 481 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Influenza DUE TO Anterosebrotic Cardio Vascular Disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic DUE TO Arterio-sclerotic DUE TO Arterio-sclerotic			CAUSE OF DEATH Influenza Anterosebrotic Cardio Vascular Disease Arterio-sclerotic		
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION -----		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from April 3, 1950 , to April 29, 1950 , that I last saw the deceased alive on April 20, 1950 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.			23. SIGNATURE John P. Myers		
24. BURIAL, CREMATION, REMOVAL (Specify) Burial			25. DATE 5/2/50		
26. NAME OF CEMETERY OR CREMATORY Druid Ridge			27. LOCATION (City, town, or county) (State) Pikesville, Md.		
28. DATE RECEIVED BY LOCAL REGISTRAR MAY 1 - 1950			29. REGISTRAR'S SIGNATURE William H. Williams, M.D.		
30. FUNERAL DIRECTOR W. W. Meeks and Son			31. ADDRESS 205 N. Calver St.		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4024
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward A. Lewis

2. DATE OF DEATH
4-27-50

3. PLACE OF DEATH:

a. Baltimore City, Maryland *Baltimore*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *md.*

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

1904 Lemmon St.

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore *20-03*

7. STREET ADDRESS (If rural, give location)

1904 Lemmon St.

c. Length of stay in Baltimore

Life

8. SEX

m

9. COLOR OR RACE

w

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

11. DATE OF BIRTH

4-9-1919

12. AGE (in years last birthday)

31

13. Under 1 Year Months: Days

- 18

14. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Days Driver

10b. KIND OF BUSINESS OR INDUSTRY

Cab Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James A. Lewis

14. MOTHER'S MAIDEN NAME

Ella M. Pathe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

220-07-5108

17. INFORMANT

Lillian White, 1901 Lemmon St

ADDRESS

18. *002X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Free money tuberculosis*

INTERVAL BETWEEN ONSET AND DEATH

3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *none*

DUE TO

(C) *none*

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *4/25/50*, 19*50*, to *4/27/50*, 19*50*, that I last saw the deceased alive on *4/25/50*, 19*50*, and that death occurred at *4 a* m., from the causes and on the date stated above.

23a. SIGNATURE

Benjamin Miller MD

M. D.

23b. ADDRESS

2030 Wilkens Ave

23c. DATE SIGNED

5/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

May 1, 1950

24c. NAME OF CEMETERY OR CREMATORY

Western

24d. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, MD

25. FUNERAL DIRECTOR

Frank A. Cole, 1913 W. Balto. St

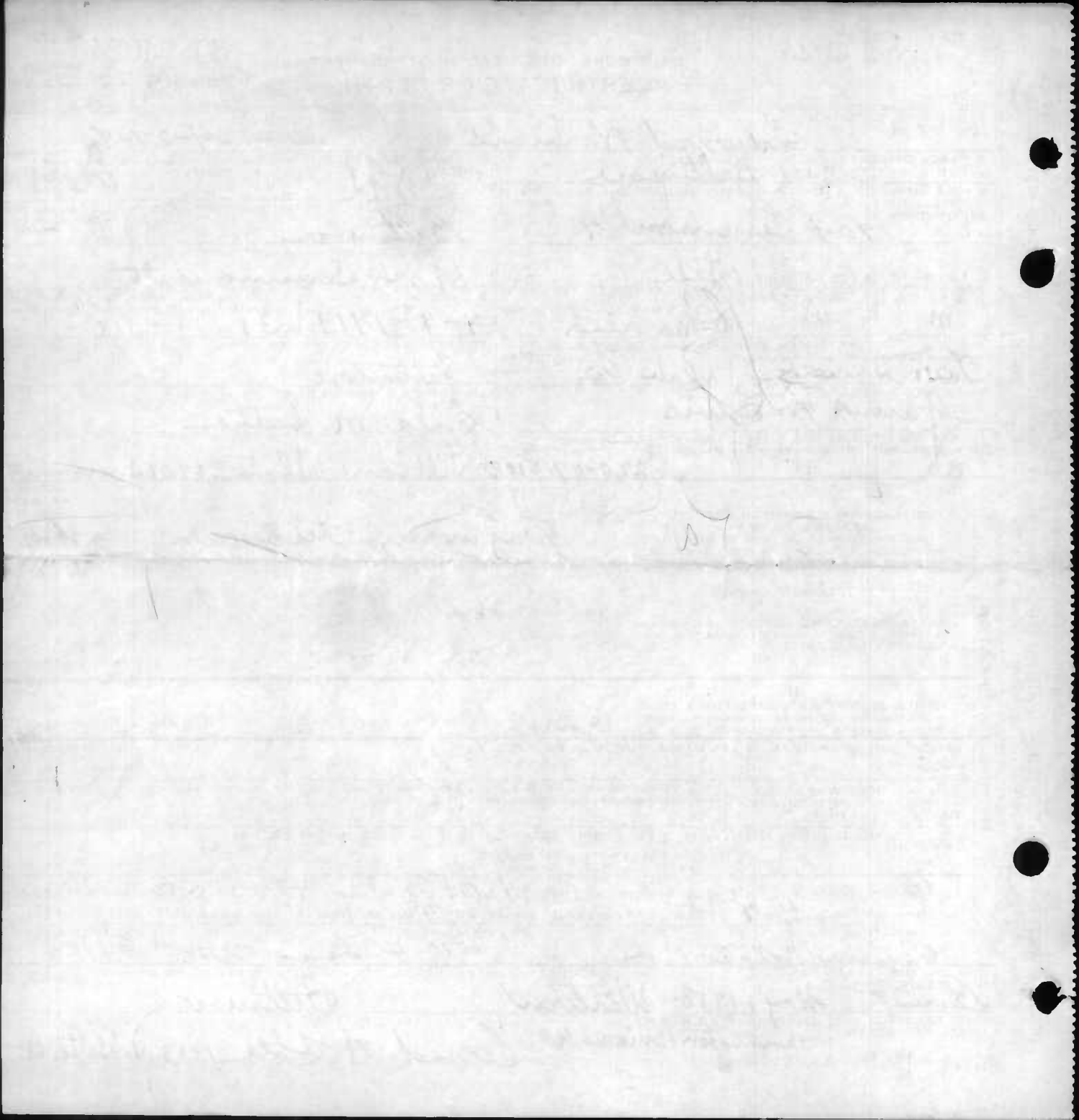
ADDRESS

MAY 1 - 1950

VS 150

4205V

13B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ELIZABETH A. LUDDY2. DATE
OF
DEATHApril 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION2510 Hallis St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 20-04

D. STREET ADDRESS (If rural, give location)

2510 Hallis St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

July 4, 18719. AGE (in years;
last birthday)77If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY-

11. BIRTHPLACE (State or foreign country)

md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael L. Eaton

14. MOTHER'S MAIDEN NAME

Isabel Rice15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)no16. SOCIAL
SECURITY NO.None

17. INFORMANT

ADDRESS

William L. Luddy - 2510 Hallis St.18. 442X

7 CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis1hr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic Cardio-Renal Disease 10 yrs

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diaphragmatic Hernia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1940 to 4/29, 1950, that I last saw the
deceased alive on 7/29, 1950, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

P. P. Luddy

M. D.

23B. ADDRESS

1945 W. Balt. St.

23C. DATE SIGNED

5/1/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

5-2-50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sargent & Fuley - Fulton Ave. & Fayette St.

VS 150

MAY 1 - 1950

122a

Dr. Lubinski

WATER

CONCRETE

LEAD

PIPE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460
50 4026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4026

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Fred Jacobus DeLour		2. DATE OF DEATH April 29, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. Ohio B. COUNTY V-32			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Park Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Cleveland			
c. Length of stay in Baltimore 80 Days		D. STREET ADDRESS (If rural, give location) 9516 Clifton Blvd., Cleveland, Ohio			
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH Jun 18, 1898	9. AGE (In years last birthday) 51	10. Under 1 Year 10 Months; 11 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) Holland	
13. FATHER'S NAME Fred J. DeLour		14. MOTHER'S MAIDEN NAME Annette Mulder			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records - US MARINE HOSPITAL, BALTO., MD.	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary metastasis with pleural effusion		INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of right lung		5 months
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION Feb. 8		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19B. MAJOR FINDINGS OF OPERATION No Operations		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 8 , 19 50 to April 29 , 19 50 , that I last saw the deceased alive on April 29, 1950 and that death occurred at 10:09 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Dr. John L. Wilson, Medical Director		23B. ADDRESS U.S. MARINE HOSPITAL, BALTO., MD.
23C. DATE SIGNED 5-1-50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/4/50	24C. NAME OF CEMETERY OR CREMATORY Lakewood Cem.
24D. LOCATION City, town or county (State) Cleveland Ohio		
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Chas. P. Towell 2427 Colmanwood Ave

STATE OF NEW YORK
CERTIFICATE OF SALE

FILED BY 450

FILED BY 450

RETURNED TO SENDER

RETURNED TO SENDER

TO THE ATTORNEY GENERAL

TO

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THE STATE OF NEW YORK

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BEVANS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Ida E. Bevans*2. DATE
OF
DEATH*4/30/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*42**Shaw Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 27-01

D. STREET ADDRESS (If rural, give location)

3404 Parkside Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

8. DATE OF BIRTH

9/2/1876

9. AGE (In years last birthday)

73

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Lauer

14. MOTHER'S MAIDEN NAME

*Annie M. Miller*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*

16. SOCIAL SECURITY NO.

17. INFORMANT

*Samuel S. Bevans Parkside Drive*18. *600.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

Hours

ANTECEDENT CAUSES

(B)

Pyone phrosis

DUE TO

Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *4/29*, 19*50*, to *4/30*, 19*50*, that I last saw the deceased alive on *4/30*, 19*50*, and that death occurred at *6:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Leon E. Hessel

M. D.

23B. ADDRESS

Shaw Hospital

23C. DATE SIGNED

4/30/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/3/50

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

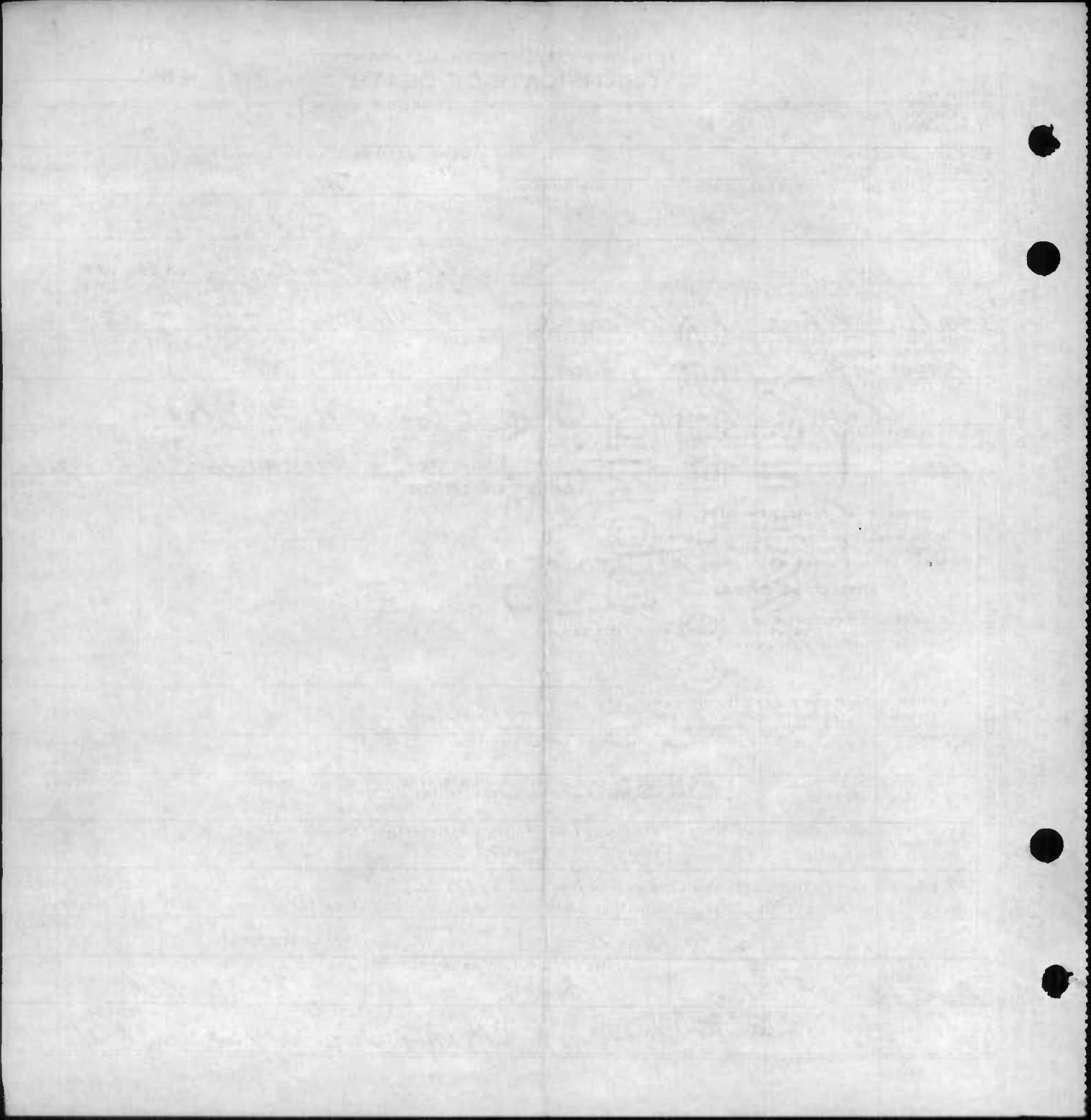
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4028

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Gilbert Eggen

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

57 U. S. Marine Hospital, Baltimore 11, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1519 Ralworth Rd.

c. Length of stay in Baltimore

Unk

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 27, 1903

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY
Parole Dept. Industry
State of Maryland

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

John Eggen

14. MOTHER'S MAIDEN NAME

Josephine Belt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL
SECURITY NO.
Unk

17. INFORMANT

ADDRESS

Records, US Marine Hospital, Balto., Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive cardiovascular renal
disease withINTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Coronary Arteriosclerosis with
Cardiac Hypertrophy
Infarct, anterior, septum, old.

(C) Seminal vesiculitis, acute, purulent. Recent

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1950 to May 1, 1950 that I last saw the
deceased alive on May 1, 1950 and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William Bernick
Assistant Surgeon

23B. ADDRESS

US Marine Hospital, Balto., Md.

23C. DATE SIGNED

May 1, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

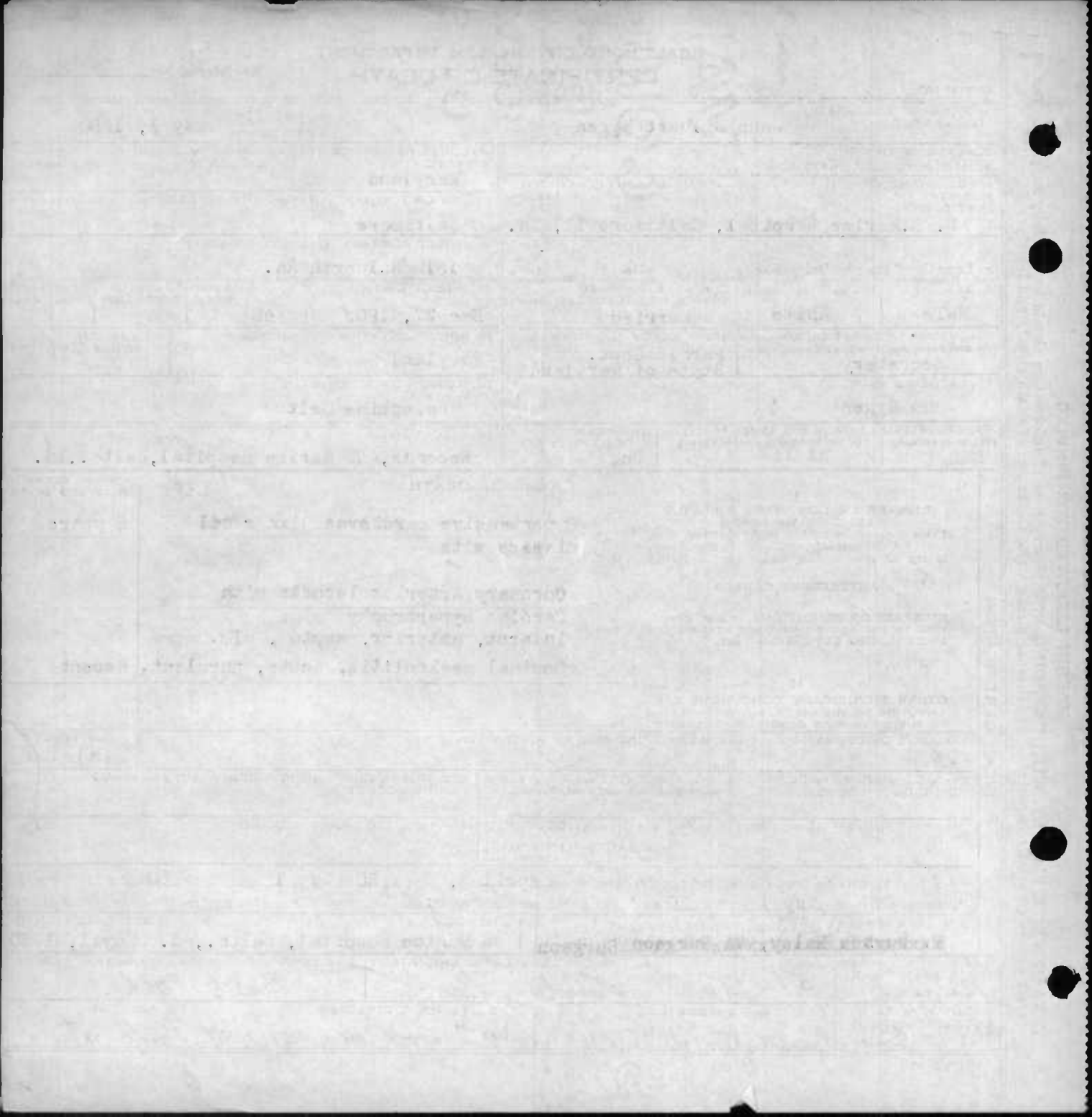
REGISTRAR'S SIGNATURE

Wm. Bernick

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-08985

50 4029

1. NAME OF DECEASED
(Type or Print)

Baby Girl Robinson

2. DATE
OF
DEATH

April 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

West Balto General Hosp

C. Length of stay in Baltimore

46 Yrs.
8 Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

14-03

D. STREET ADDRESS (If rural, give location)

2006 Eutaw Place

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

April 28, 1950

9. AGE (In years;
last birthday)10 Under 1 Year
Months: Days: Hours: Min.

28

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Balto Gen. Hosp

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Melvin Clair Robinson

14. MOTHER'S MAIDEN NAME

Rachel Mildred Tranter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 759.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fetal anomaly - Measles
DUE TO Tumor - with cystic necrosis.
involving entire portion of
(B) lower trunk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(C) Maternal Polyhydramnios.
Carcinoma of spinal cord.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Delivery 4/28/50

19B. MAJOR FINDINGS OF OPERATION

(chordoma)

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
shoot home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/27/50, 1950, to 4/27, 1950, that I last saw the deceased alive on 4/27/50, 1950, and that death occurred at 12:06 P. M., from the causes and on the date stated above.

23. SIGNATURE

D. J. Collins Jr

23B. ADDRESS

West. Sun Hospital

23C. DATE SIGNED

5/1/50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 1 1950

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

B-652
50 4030BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4030

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMANUEL E. BRANSKY

2. DATE
OF
DEATH

5/1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

44

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLANDB. COUNTY
BALT.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

15-04

D. STREET ADDRESS (If rural, give location)

2342 REGISTER TOWN ROAD

c. Length of stay in Baltimore

51 YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

NOV 11, 1898

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CAB OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

SIMON BRANSKY

14. MOTHER'S MAIDEN NAME

BETTY VINOCOUR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNK

16. SOCIAL
SECURITY NO.

17. INFORMANT

WIFE

ADDRESS

SAME

18.

260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION

DUE TO

MINUTES

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC CORONARY THROMBOSIS

DUE TO

(C) DIABETES MELLITUS

year

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1950, to 5/1, 1950, that I last saw the
deceased alive on 5/1, 1950, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Alvin Bonnylaar

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

5-1-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-3-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis He 2100 Eutan Rd

ADDRESS

VS 150

4265V

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

RECEIVED
JAN 10 1964

U.S. DEPT. OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D.C. 20530

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 1/10/64

TO: THE ATTORNEY GENERAL

FROM: [illegible]

SUBJECT: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

50

4031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

4031

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Shy, Mary

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2228 E Lombard St

c. Length of stay in Baltimore

40

Yrs.

Mos.

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mendel

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Harrie Shy 2228 E Lombard

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Carcinoma of Stomach, with
metastases

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis, generalized

19A. DATE OF OPERATION

April 10, 1950

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1950, to May 1, 1950, that I last saw the
deceased alive on May 1, 1950, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

David Peskowitz

M. D.

23B. ADDRESS

Sinai Hosp of Balt.

23C. DATE SIGNED

May 1, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-2-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc

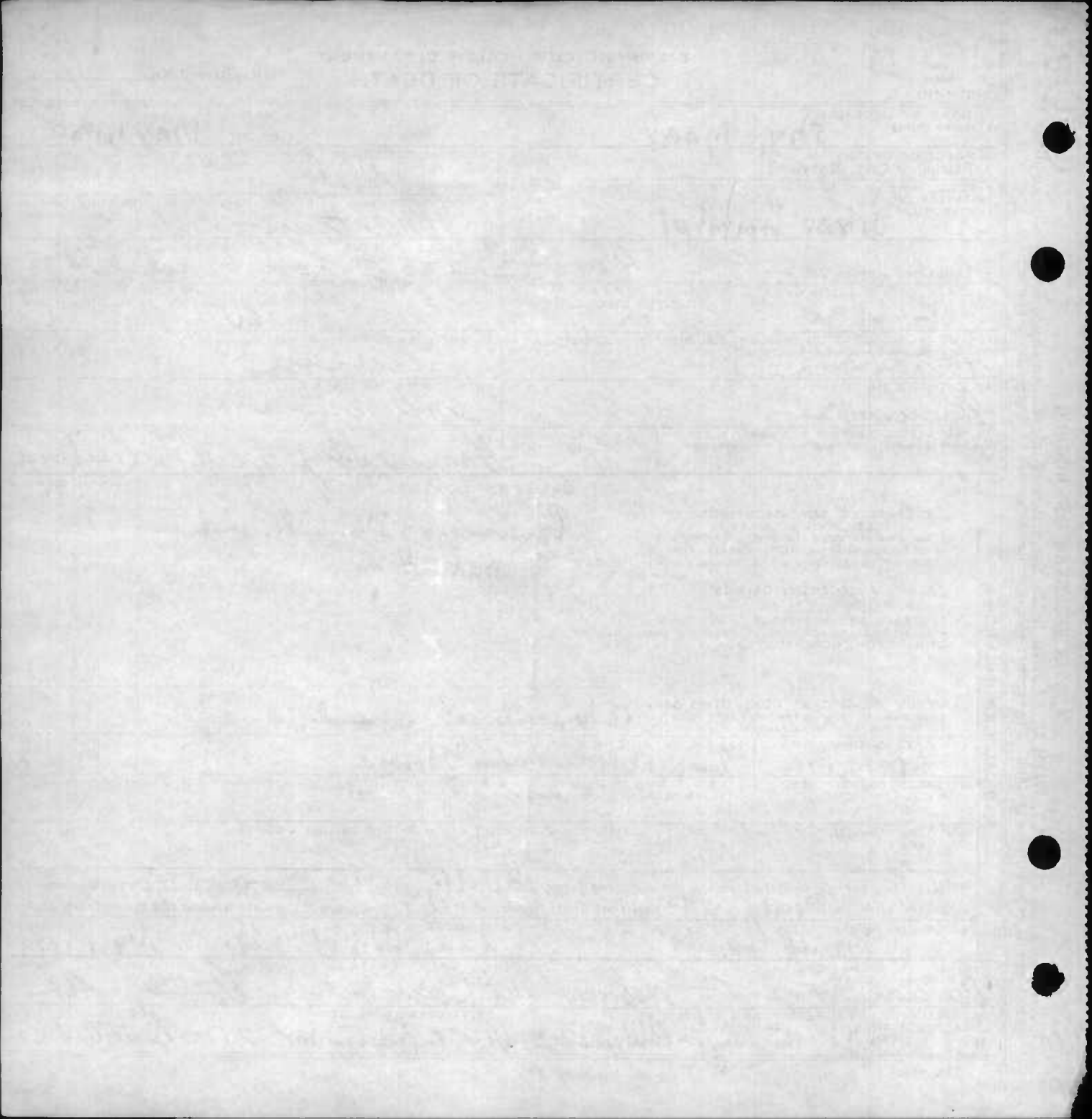
ADDRESS

2100 Canton Pl

VS 150

46B

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-320 50 4032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Kadish

50 4032

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Kadish

2. DATE
OF
DEATH

5/1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Senac

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

343 Mason Court

c. Length of stay in Baltimore

8

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russian

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Harry Kadish 343 Mason Court

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Myocardial Infarction*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/1*, 19*50*, to *5/1*, 19*50* that I last saw the deceased alive on *5/1*, 19*50*, and that death occurred at *12:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaber

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5-3-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

New York N. Y.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

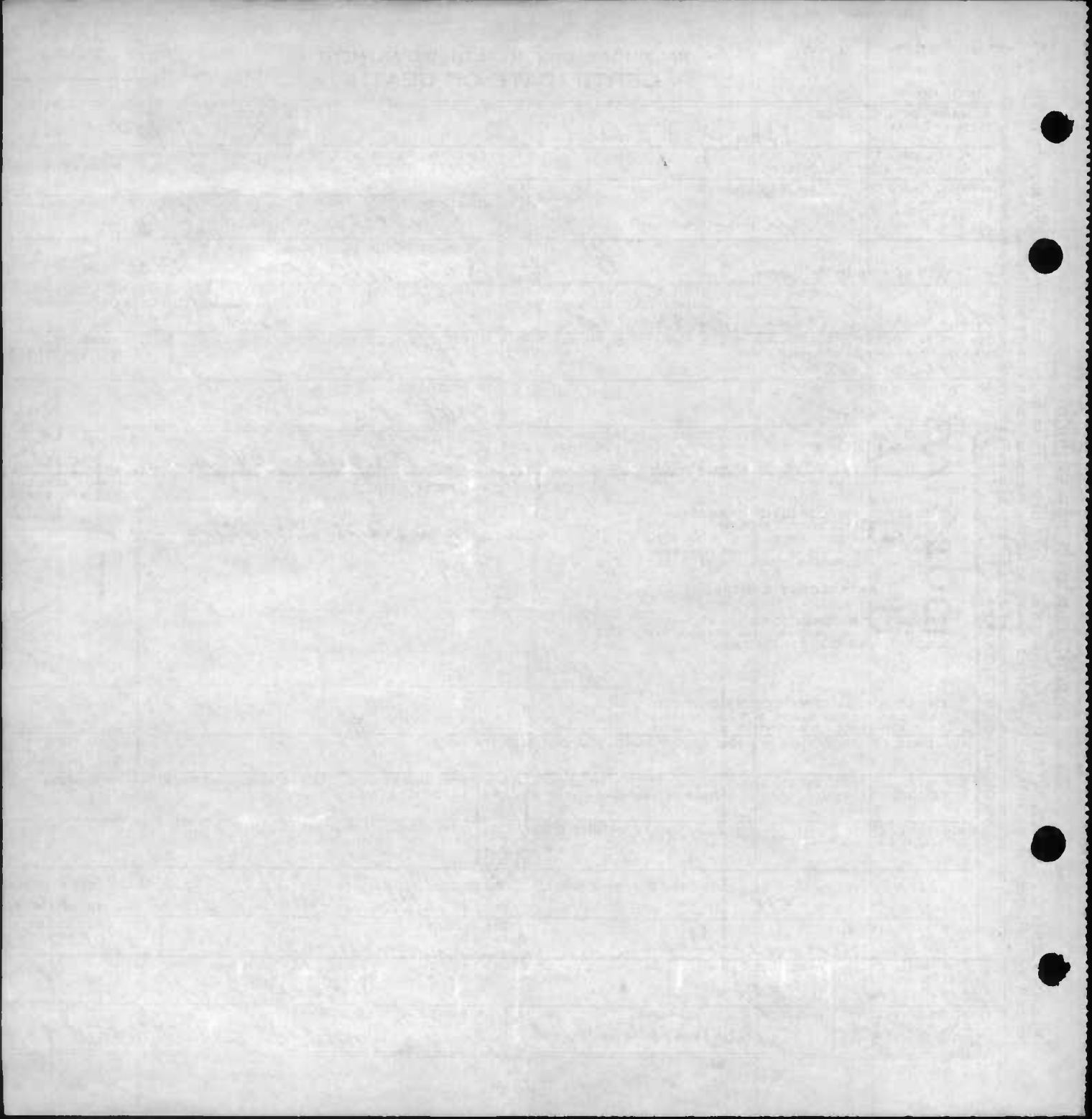
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Eutaw Rd



50 4033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4033

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Robbins

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural give location)

1680 Beechwood Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-18-15

9. AGE (in years
last birthday)

35

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Novelty

11. BIRTHPLACE (State or foreign country)

Pittsburgh Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

CAUSE OF DEATH

Brain tumor - glioma

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/28/50

19B. MAJOR FINDINGS OF OPERATION

Cystic tumor - left hemisphere

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1950, to 5-1, 1950 that I last saw the
deceased alive on 5-1, 1950, and that death occurred at 555 P. M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-1-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-3-50

24C. NAME OF CEMETERY OR CREMATORY

Beth Shalom

24D. LOCATION (City, town, or county)

Pittsburgh Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

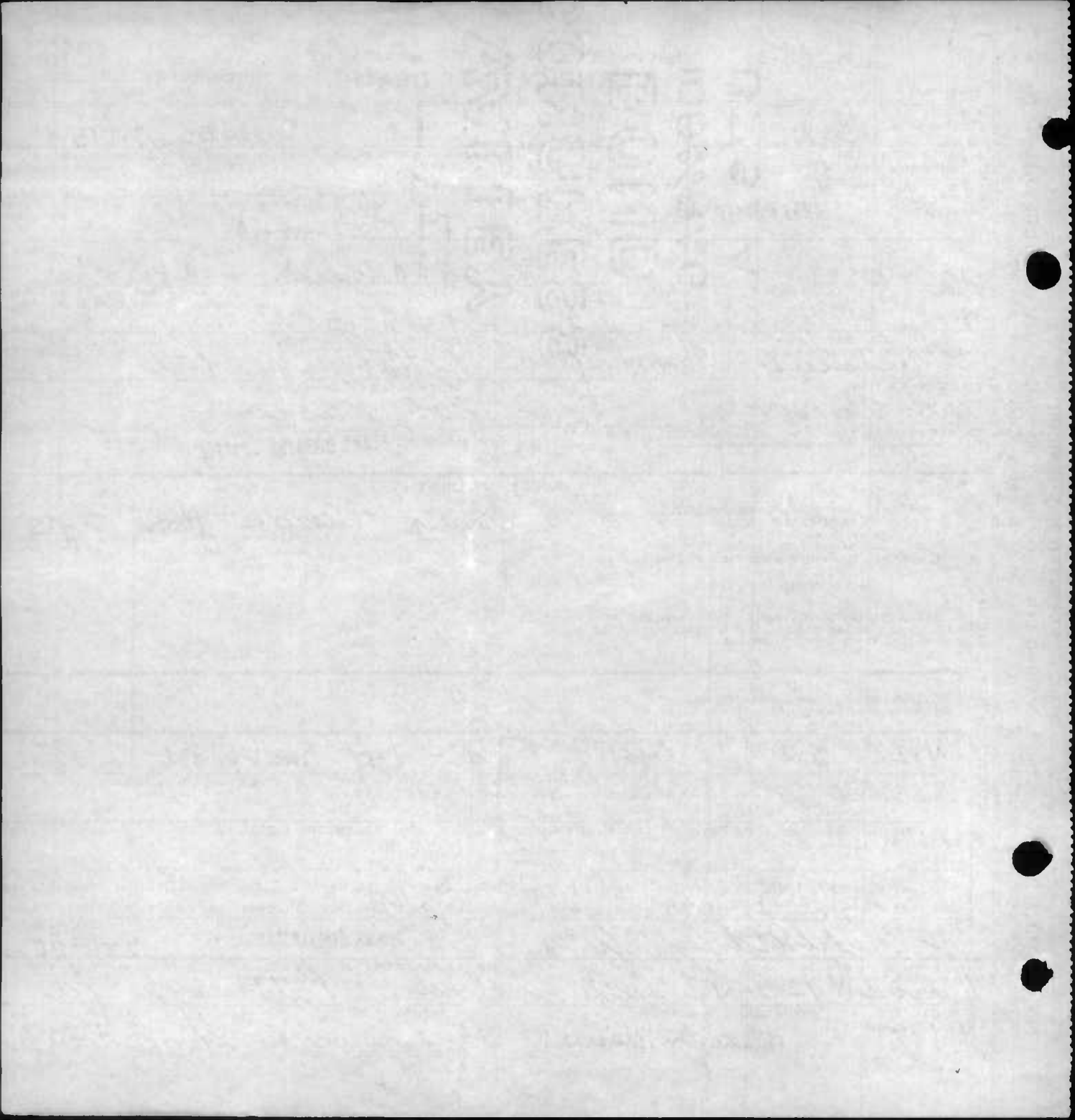
[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

2800 East Ave



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 4034

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Marie Rose Eckert

2. DATE
OF
DEATH

April 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1020 S. Kenwood Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3005 Pulaski Highway

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 18, 1883

9. AGE (In years, last birthday)

66

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Treffz

14. MOTHER'S MAIDEN NAME

Anna Zimmerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Leo J. Pasquinelli 3001 Pulaski Hwy.

18. 421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Heart Failure

15 min

DUE TO

myocardial damage

Unknown

ANTECEDENT CAUSES

(B)

arterial insufficiency

Unknown

DUE TO

Unknown Etiology

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1942, to April 28, 1950, that I last saw the deceased alive on April 28, 1950, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Philbert Artigiani

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

5/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 3, 1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

VS 150

92 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

INSTITUTIONAL REPORT
ON THE PROGRESS OF THE
INSTITUTIONAL REPORT

1

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <u>50 4035</u>		1. NAME OF DECEASED (Type or Print) <u>Bernard A Unger</u>		2. DATE OF DEATH <u>April 29/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>209 N Castle</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Balto</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>00</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto 6-04</u>			
c. Length of stay in Baltimore <u>life</u>		D. STREET ADDRESS (If rural, give location) <u>209 N Castle</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Dec 26/87</u>	9. AGE (in years, last birthday) <u>70</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>fireman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <u>Bernard A. Unger</u>		14. MOTHER'S MAIDEN NAME <u>Mary Hoening</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT ADDRESS <u>Mrs. Virginia Rayne 209 N Castle</u>	
18. <u>442. X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Cerebral Hemorrhage</u> DUE TO (B) <u>Arteriosclerotic Cardiovascular - Cerebral Disease</u> DUE TO (C) <u>0</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>5 yrs.</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>0</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 2</u> , 19 <u>47</u> to <u>April 29</u> , 19 <u>50</u> that I last saw the deceased alive on <u>April 28</u> , 19 <u>50</u> and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Isaac Rosen</u>		23B. ADDRESS <u>2413 E Monument St</u>		23C. DATE SIGNED <u>4/29/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 3/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) <u>Balto</u>		25. FUNERAL DIRECTOR ADDRESS <u>William H. Turner Home 2008 Allen</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 2 - 1950</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		VS 150	

44292

131a

CERTIFICATE OF DEATH

[Faint, illegible text, likely bleed-through from the reverse side of the page]

50 4036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4036
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Klein

2. DATE
OF
DEATH

April 28, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3103 Berkshire Road

B. FULL NAME OF HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

27-01

D. STREET ADDRESS (If rural, give location)

3103 Berkshire Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 31, 1865

9. AGE (In years last birthday)

(81) 84

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Produce dealer

10B. KIND OF BUSINESS OR INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George P. Klein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Klein 3103 Berkshire Road

18.

421.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Paraplegia. Cerebral sclerosis
DUE TO Arteriosclerosis

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterial sclerosis
DUE TO

5 yrs.

II

(C) Aortic regurgitation

5 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1947 to April 28, 1950 that I last saw the deceased alive on April 27 1950. and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1613 N. North Ave.

23C. DATE SIGNED

4-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 2, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

1. The purpose of this document is to provide information regarding the status of the project.

2. The project is currently in the planning stage and is expected to be completed by the end of the year.

3. The project is being managed by the Office of the Secretary of Defense and is being funded by the Department of Defense.

4. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

5. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

6. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

7. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

8. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

9. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

10. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

11. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

H-416
50 4037BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4037

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William B. Holbrook

2. DATE
OF DEATH April 29/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Anderson Nursing Home, 3604 Mohawk Ave. Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

16-08

c. Length of stay in Baltimore Unknown

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

802 N. Hilton St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 16, 1867

9. AGE (in years)

82

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vault Attendant

10B. KIND OF BUSINESS OR INDUSTRY

Fidelity Trust Co.

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles H. Cover, 619 Aldershot Rd. Catonsville Md.

ADDRESS

18.

491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1950, to April 29, 1950, that I last saw the deceased alive on April 29, 1950, and that death occurred at 6 P. M., from the causes and on the date stated above.

23A. SIGNATURE

L. A. Lally

M. D.

23B. ADDRESS

3511 Edmondson Ave

23C. DATE SIGNED

May 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 2/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

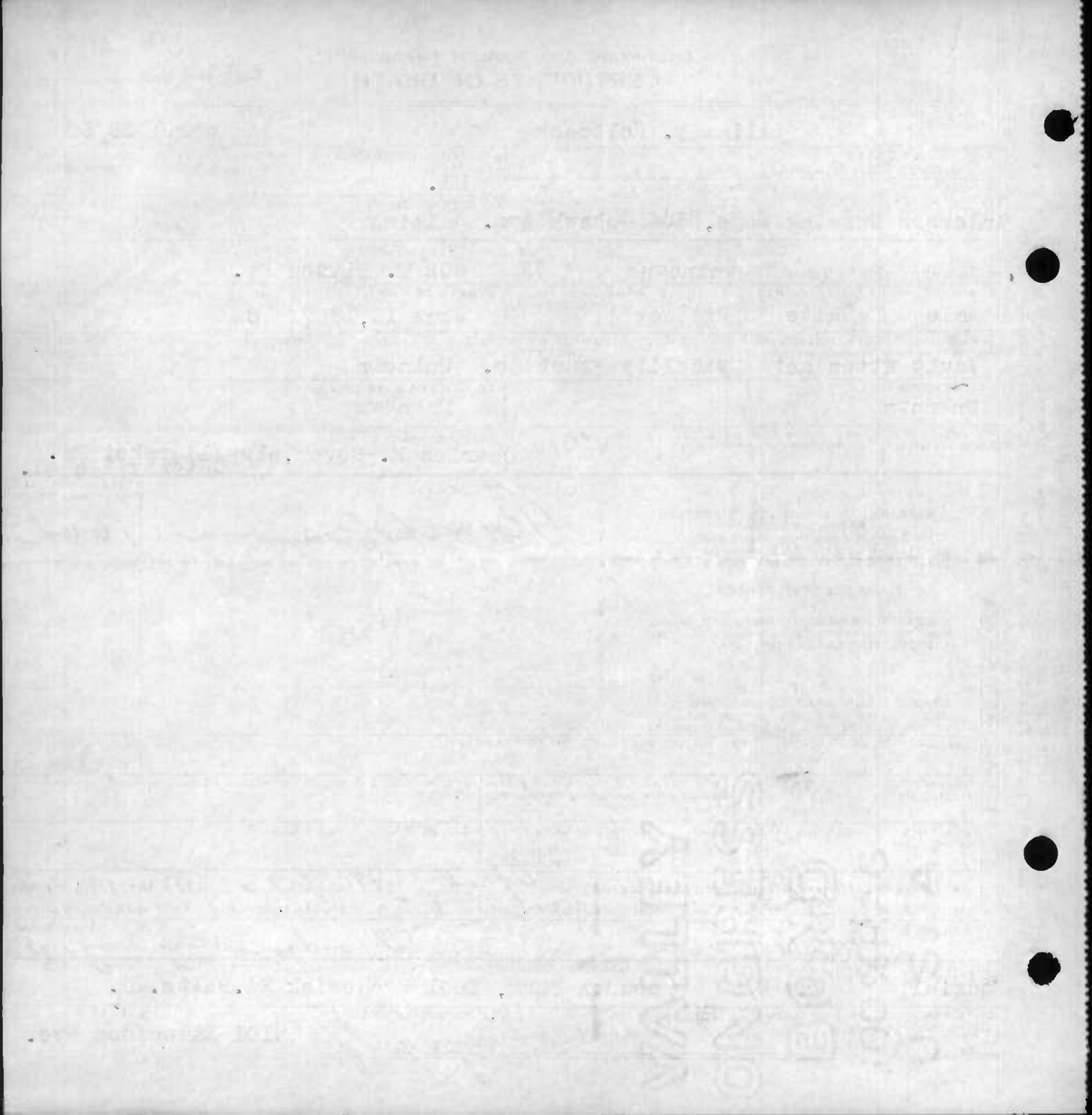
4101 Edmondson Ave.

VS 150

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4038

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa Schlining

2. DATE
OF
DEATH

5/1/58

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-52

C. Length of stay in Baltimore

62

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1926 Parkside Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 25, 1884

9. AGE (In years last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Held

14. MOTHER'S MAIDEN NAME

Anna Doetzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Louis Schlining 1926 Parkside Ave

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MENINGITIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) BILATEARAL BRONCHIAL PNEUMONIA

(C) DIABETES MELLITUS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1950, to 5/1, 1950, that I last saw the deceased alive on 5/1, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Shaw M. O.

23B. ADDRESS

20. Anna St.

23C. DATE SIGNED

5/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

Meadow ridge

24D. LOCATION (City, town, or county)

Honey Mt

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

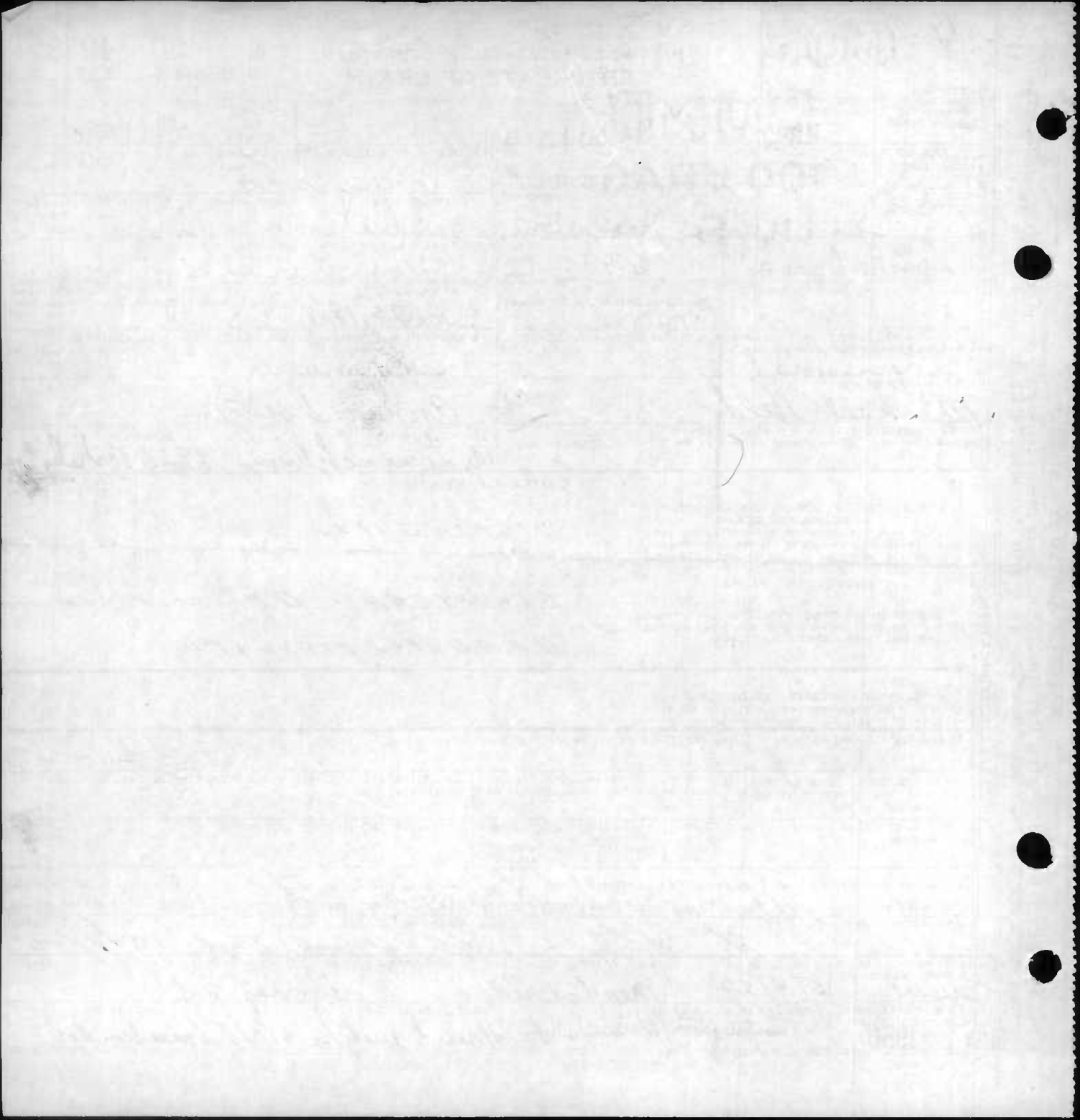
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry Witzke 4101 Edmondson Ave

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-627-4039

TEODOR FARCAS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Teodor Farcas

2. DATE
OF
DEATH

April 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

41 St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2-6-07

D. STREET ADDRESS (If rural, give location)

406 S. Macon Street

C. Length of stay in Baltimore

35yr.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 16-1885

9. AGE (In years last birthday)

65

10 Under 1 Year

Months

11 Under 24 Hours

Days

12 Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Beth Steel Grappling

11. BIRTHPLACE (State or foreign country)

Romania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Kandy Lanko

Severna, Md.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) OUE TO

Acute Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) OUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Acute Pulmonary edema

INTERNAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1950, to 4-29, 1950, that I last saw the deceased alive on 4-29, 1950, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. K. Kuan M.D.

23B. ADDRESS

St. Joseph Hospital

23C. DATE SIGNED

4-29-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/2/50

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

German Hill Rd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John J. Connelly, Essex 21, Md.

VS 150

988/4V

94a

MAY 2 - 1950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAULINE ROGERS

2. DATE
OF
DEATH

April 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY ..before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3203 Stanley Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

3203 Stanley Rd.

c. Length of stay in Baltimore

20 yrs.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 8, 1886

9. AGE (In years
last birthday)

63

10 Under 1 Year 11 Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Barnes

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. H. Rogers 3203 Stanley Rd.

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

8 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1950, to April 30, 1950, that I last saw the
deceased alive on April 27, 1950, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Albert J. Shohat

M. D.

23B. ADDRESS

2302 Edmonson Ave

23C. DATE SIGNED

5/1/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

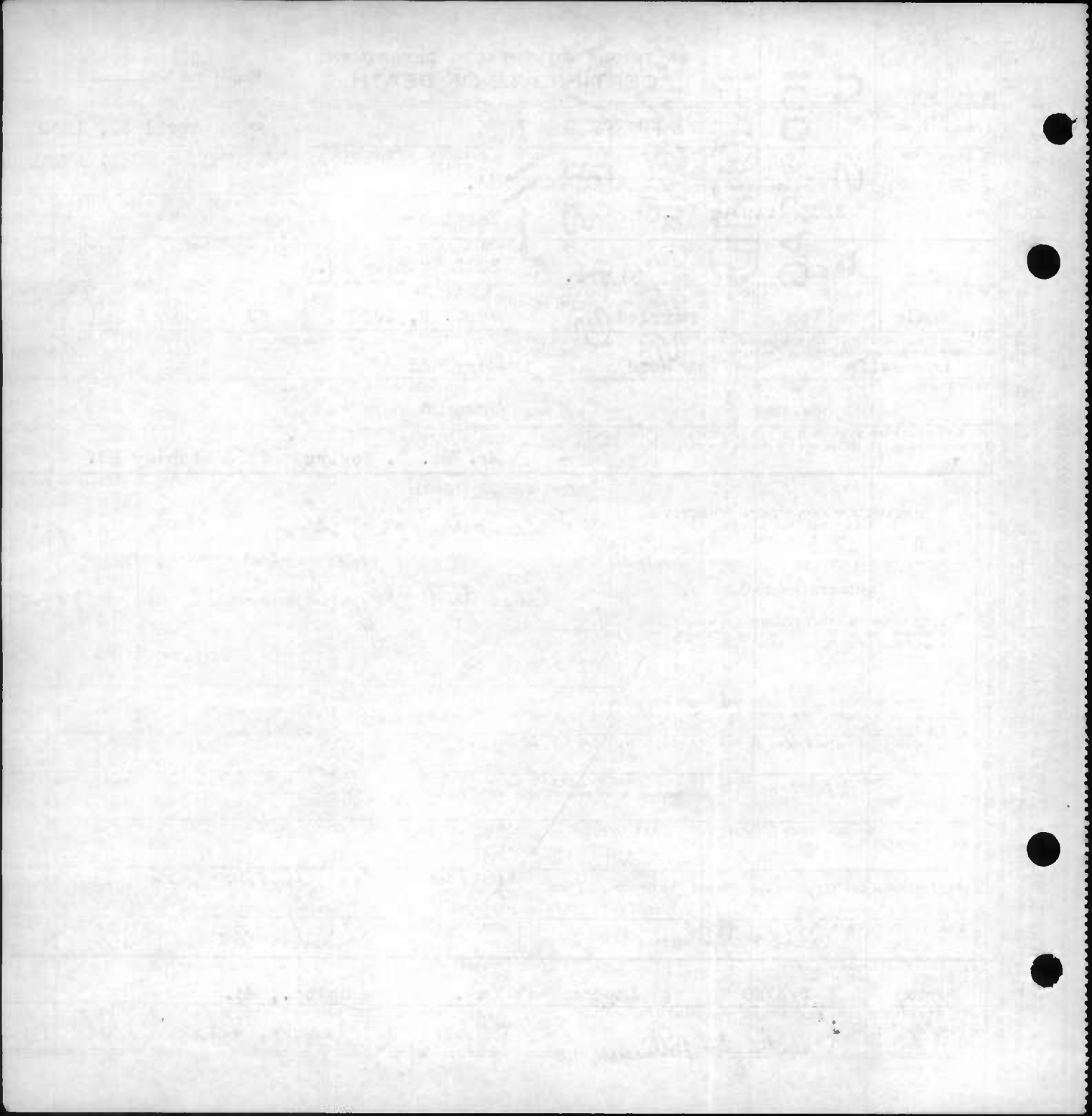
REGISTRAR'S SIGNATURE

L. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichener & Sons Balto Md.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN M. KRONEBERGER

2. DATE
OF
DEATH

Apr. 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1845 W. Lexington St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1845 W. Lexington St.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 10, 1895

9. AGE (In years last birthday)

55

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Kerns

14. MOTHER'S MAIDEN NAME

Mary Gorman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mr. Charles Kroneberger

ADDRESS ton St. 1845 W. Lexington

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

about 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of ovaries

about 5 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to April 30, 1950 that I last saw the deceased alive on Apr. 30, 1950, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Gerling C. Gluck

23B. ADDRESS

5356 Reisterstown Rd

23C. DATE SIGNED

May 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/3/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons - Balto Md.

ADDRESS

49a

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
DIVISION OF ANIMAL INDUSTRY
WASHINGTON, D. C.

CERTIFICATE OF ANALYSIS

1. NAME OF PRODUCT		2. NAME OF MANUFACTURER	
3. ADDRESS OF MANUFACTURER		4. CITY AND STATE	
5. NAME OF VETERINARIAN		6. ADDRESS OF VETERINARIAN	
7. NAME OF OWNER		8. ADDRESS OF OWNER	
9. NAME OF DISTRIBUTOR		10. ADDRESS OF DISTRIBUTOR	
11. NAME OF RETAILER		12. ADDRESS OF RETAILER	
13. NAME OF CONSUMER		14. ADDRESS OF CONSUMER	
15. NAME OF PHYSICIAN		16. ADDRESS OF PHYSICIAN	
17. NAME OF HOSPITAL		18. ADDRESS OF HOSPITAL	
19. NAME OF LABORATORY		20. ADDRESS OF LABORATORY	
21. NAME OF ANALYST		22. ADDRESS OF ANALYST	
23. NAME OF INSTITUTION		24. ADDRESS OF INSTITUTION	
25. NAME OF OFFICE		26. ADDRESS OF OFFICE	
27. NAME OF DIVISION		28. ADDRESS OF DIVISION	
29. NAME OF BUREAU		30. ADDRESS OF BUREAU	
31. NAME OF DEPARTMENT		32. ADDRESS OF DEPARTMENT	
33. NAME OF SECRETARY		34. ADDRESS OF SECRETARY	
35. NAME OF ASSISTANT SECRETARY		36. ADDRESS OF ASSISTANT SECRETARY	
37. NAME OF CHIEF OF BUREAU		38. ADDRESS OF CHIEF OF BUREAU	
39. NAME OF DIRECTOR		40. ADDRESS OF DIRECTOR	
41. NAME OF COMMISSIONER		42. ADDRESS OF COMMISSIONER	
43. NAME OF GOVERNOR		44. ADDRESS OF GOVERNOR	
45. NAME OF SENATOR		46. ADDRESS OF SENATOR	
47. NAME OF REPRESENTATIVE		48. ADDRESS OF REPRESENTATIVE	
49. NAME OF JUDGE		50. ADDRESS OF JUDGE	
51. NAME OF CLERGYMAN		52. ADDRESS OF CLERGYMAN	
53. NAME OF EDUCATOR		54. ADDRESS OF EDUCATOR	
55. NAME OF BUSINESSMAN		56. ADDRESS OF BUSINESSMAN	
57. NAME OF LABORER		58. ADDRESS OF LABORER	
59. NAME OF FARMER		60. ADDRESS OF FARMER	
61. NAME OF MINER		62. ADDRESS OF MINER	
63. NAME OF FISHERMAN		64. ADDRESS OF FISHERMAN	
65. NAME OF ARTISAN		66. ADDRESS OF ARTISAN	
67. NAME OF PROFESSIONAL MAN		68. ADDRESS OF PROFESSIONAL MAN	
69. NAME OF OFFICIAL		70. ADDRESS OF OFFICIAL	
71. NAME OF MEMBER OF CONGRESS		72. ADDRESS OF MEMBER OF CONGRESS	
73. NAME OF MEMBER OF STATE LEGISLATURE		74. ADDRESS OF MEMBER OF STATE LEGISLATURE	
75. NAME OF MEMBER OF LOCAL LEGISLATURE		76. ADDRESS OF MEMBER OF LOCAL LEGISLATURE	
77. NAME OF MEMBER OF JURY		78. ADDRESS OF MEMBER OF JURY	
79. NAME OF MEMBER OF BAR		80. ADDRESS OF MEMBER OF BAR	
81. NAME OF MEMBER OF MEDICAL SOCIETY		82. ADDRESS OF MEMBER OF MEDICAL SOCIETY	
83. NAME OF MEMBER OF VETERINARY SOCIETY		84. ADDRESS OF MEMBER OF VETERINARY SOCIETY	
85. NAME OF MEMBER OF AGRICULTURAL SOCIETY		86. ADDRESS OF MEMBER OF AGRICULTURAL SOCIETY	
87. NAME OF MEMBER OF MINING SOCIETY		88. ADDRESS OF MEMBER OF MINING SOCIETY	
89. NAME OF MEMBER OF FISHERY SOCIETY		90. ADDRESS OF MEMBER OF FISHERY SOCIETY	
91. NAME OF MEMBER OF ARTS AND CRAFTS SOCIETY		92. ADDRESS OF MEMBER OF ARTS AND CRAFTS SOCIETY	
93. NAME OF MEMBER OF PROFESSIONAL SOCIETY		94. ADDRESS OF MEMBER OF PROFESSIONAL SOCIETY	
95. NAME OF MEMBER OF OFFICIAL SOCIETY		96. ADDRESS OF MEMBER OF OFFICIAL SOCIETY	
97. NAME OF MEMBER OF CONGRESSIONAL SOCIETY		98. ADDRESS OF MEMBER OF CONGRESSIONAL SOCIETY	
99. NAME OF MEMBER OF STATE LEGISLATIVE SOCIETY		100. ADDRESS OF MEMBER OF STATE LEGISLATIVE SOCIETY	
101. NAME OF MEMBER OF LOCAL LEGISLATIVE SOCIETY		102. ADDRESS OF MEMBER OF LOCAL LEGISLATIVE SOCIETY	
103. NAME OF MEMBER OF JURY SOCIETY		104. ADDRESS OF MEMBER OF JURY SOCIETY	
105. NAME OF MEMBER OF BAR SOCIETY		106. ADDRESS OF MEMBER OF BAR SOCIETY	
107. NAME OF MEMBER OF MEDICAL SOCIETY		108. ADDRESS OF MEMBER OF MEDICAL SOCIETY	
109. NAME OF MEMBER OF VETERINARY SOCIETY		110. ADDRESS OF MEMBER OF VETERINARY SOCIETY	
111. NAME OF MEMBER OF AGRICULTURAL SOCIETY		112. ADDRESS OF MEMBER OF AGRICULTURAL SOCIETY	
113. NAME OF MEMBER OF MINING SOCIETY		114. ADDRESS OF MEMBER OF MINING SOCIETY	
115. NAME OF MEMBER OF FISHERY SOCIETY		116. ADDRESS OF MEMBER OF FISHERY SOCIETY	
117. NAME OF MEMBER OF ARTS AND CRAFTS SOCIETY		118. ADDRESS OF MEMBER OF ARTS AND CRAFTS SOCIETY	
119. NAME OF MEMBER OF PROFESSIONAL SOCIETY		120. ADDRESS OF MEMBER OF PROFESSIONAL SOCIETY	
121. NAME OF MEMBER OF OFFICIAL SOCIETY		122. ADDRESS OF MEMBER OF OFFICIAL SOCIETY	
123. NAME OF MEMBER OF CONGRESSIONAL SOCIETY		124. ADDRESS OF MEMBER OF CONGRESSIONAL SOCIETY	
125. NAME OF MEMBER OF STATE LEGISLATIVE SOCIETY		126. ADDRESS OF MEMBER OF STATE LEGISLATIVE SOCIETY	
127. NAME OF MEMBER OF LOCAL LEGISLATIVE SOCIETY		128. ADDRESS OF MEMBER OF LOCAL LEGISLATIVE SOCIETY	
129. NAME OF MEMBER OF JURY SOCIETY		130. ADDRESS OF MEMBER OF JURY SOCIETY	
131. NAME OF MEMBER OF BAR SOCIETY		132. ADDRESS OF MEMBER OF BAR SOCIETY	
133. NAME OF MEMBER OF MEDICAL SOCIETY		134. ADDRESS OF MEMBER OF MEDICAL SOCIETY	
135. NAME OF MEMBER OF VETERINARY SOCIETY		136. ADDRESS OF MEMBER OF VETERINARY SOCIETY	
137. NAME OF MEMBER OF AGRICULTURAL SOCIETY		138. ADDRESS OF MEMBER OF AGRICULTURAL SOCIETY	
139. NAME OF MEMBER OF MINING SOCIETY		140. ADDRESS OF MEMBER OF MINING SOCIETY	
141. NAME OF MEMBER OF FISHERY SOCIETY		142. ADDRESS OF MEMBER OF FISHERY SOCIETY	
143. NAME OF MEMBER OF ARTS AND CRAFTS SOCIETY		144. ADDRESS OF MEMBER OF ARTS AND CRAFTS SOCIETY	
145. NAME OF MEMBER OF PROFESSIONAL SOCIETY		146. ADDRESS OF MEMBER OF PROFESSIONAL SOCIETY	
147. NAME OF MEMBER OF OFFICIAL SOCIETY		148. ADDRESS OF MEMBER OF OFFICIAL SOCIETY	
149. NAME OF MEMBER OF CONGRESSIONAL SOCIETY		150. ADDRESS OF MEMBER OF CONGRESSIONAL SOCIETY	
151. NAME OF MEMBER OF STATE LEGISLATIVE SOCIETY		152. ADDRESS OF MEMBER OF STATE LEGISLATIVE SOCIETY	
153. NAME OF MEMBER OF LOCAL LEGISLATIVE SOCIETY		154. ADDRESS OF MEMBER OF LOCAL LEGISLATIVE SOCIETY	
155. NAME OF MEMBER OF JURY SOCIETY		156. ADDRESS OF MEMBER OF JURY SOCIETY	
157. NAME OF MEMBER OF BAR SOCIETY		158. ADDRESS OF MEMBER OF BAR SOCIETY	
159. NAME OF MEMBER OF MEDICAL SOCIETY		160. ADDRESS OF MEMBER OF MEDICAL SOCIETY	
161. NAME OF MEMBER OF VETERINARY SOCIETY		162. ADDRESS OF MEMBER OF VETERINARY SOCIETY	
163. NAME OF MEMBER OF AGRICULTURAL SOCIETY		164. ADDRESS OF MEMBER OF AGRICULTURAL SOCIETY	
165. NAME OF MEMBER OF MINING SOCIETY		166. ADDRESS OF MEMBER OF MINING SOCIETY	
167. NAME OF MEMBER OF FISHERY SOCIETY		168. ADDRESS OF MEMBER OF FISHERY SOCIETY	
169. NAME OF MEMBER OF ARTS AND CRAFTS SOCIETY		170. ADDRESS OF MEMBER OF ARTS AND CRAFTS SOCIETY	
171. NAME OF MEMBER OF PROFESSIONAL SOCIETY		172. ADDRESS OF MEMBER OF PROFESSIONAL SOCIETY	
173. NAME OF MEMBER OF OFFICIAL SOCIETY		174. ADDRESS OF MEMBER OF OFFICIAL SOCIETY	
175. NAME OF MEMBER OF CONGRESSIONAL SOCIETY		176. ADDRESS OF MEMBER OF CONGRESSIONAL SOCIETY	
177. NAME OF MEMBER OF STATE LEGISLATIVE SOCIETY		178. ADDRESS OF MEMBER OF STATE LEGISLATIVE SOCIETY	
179. NAME OF MEMBER OF LOCAL LEGISLATIVE SOCIETY		180. ADDRESS OF MEMBER OF LOCAL LEGISLATIVE SOCIETY	
181. NAME OF MEMBER OF JURY SOCIETY		182. ADDRESS OF MEMBER OF JURY SOCIETY	
183. NAME OF MEMBER OF BAR SOCIETY		184. ADDRESS OF MEMBER OF BAR SOCIETY	
185. NAME OF MEMBER OF MEDICAL SOCIETY		186. ADDRESS OF MEMBER OF MEDICAL SOCIETY	
187. NAME OF MEMBER OF VETERINARY SOCIETY		188. ADDRESS OF MEMBER OF VETERINARY SOCIETY	
189. NAME OF MEMBER OF AGRICULTURAL SOCIETY		190. ADDRESS OF MEMBER OF AGRICULTURAL SOCIETY	
191. NAME OF MEMBER OF MINING SOCIETY		192. ADDRESS OF MEMBER OF MINING SOCIETY	
193. NAME OF MEMBER OF FISHERY SOCIETY		194. ADDRESS OF MEMBER OF FISHERY SOCIETY	
195. NAME OF MEMBER OF ARTS AND CRAFTS SOCIETY		196. ADDRESS OF MEMBER OF ARTS AND CRAFTS SOCIETY	
197. NAME OF MEMBER OF PROFESSIONAL SOCIETY		198. ADDRESS OF MEMBER OF PROFESSIONAL SOCIETY	
199. NAME OF MEMBER OF OFFICIAL SOCIETY		200. ADDRESS OF MEMBER OF OFFICIAL SOCIETY	

50 4042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4042

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Katherine Bowler

2. DATE
OF
DEATH

April 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore

908 Walnut Avenue

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 24, 1889

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Spittle

14. MOTHER'S MAIDEN NAME

Louise Posey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. George Link 1928 Ramblewood Rd. 14

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage
Hypertension

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 28, 1950 to April 29, 1950, that I last saw the
deceased alive on April 29, 1950, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Swinski

23B. ADDRESS

M. D. 1100 N. Caroline St.

23C. DATE SIGNED

April 29/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tinkner & Sons

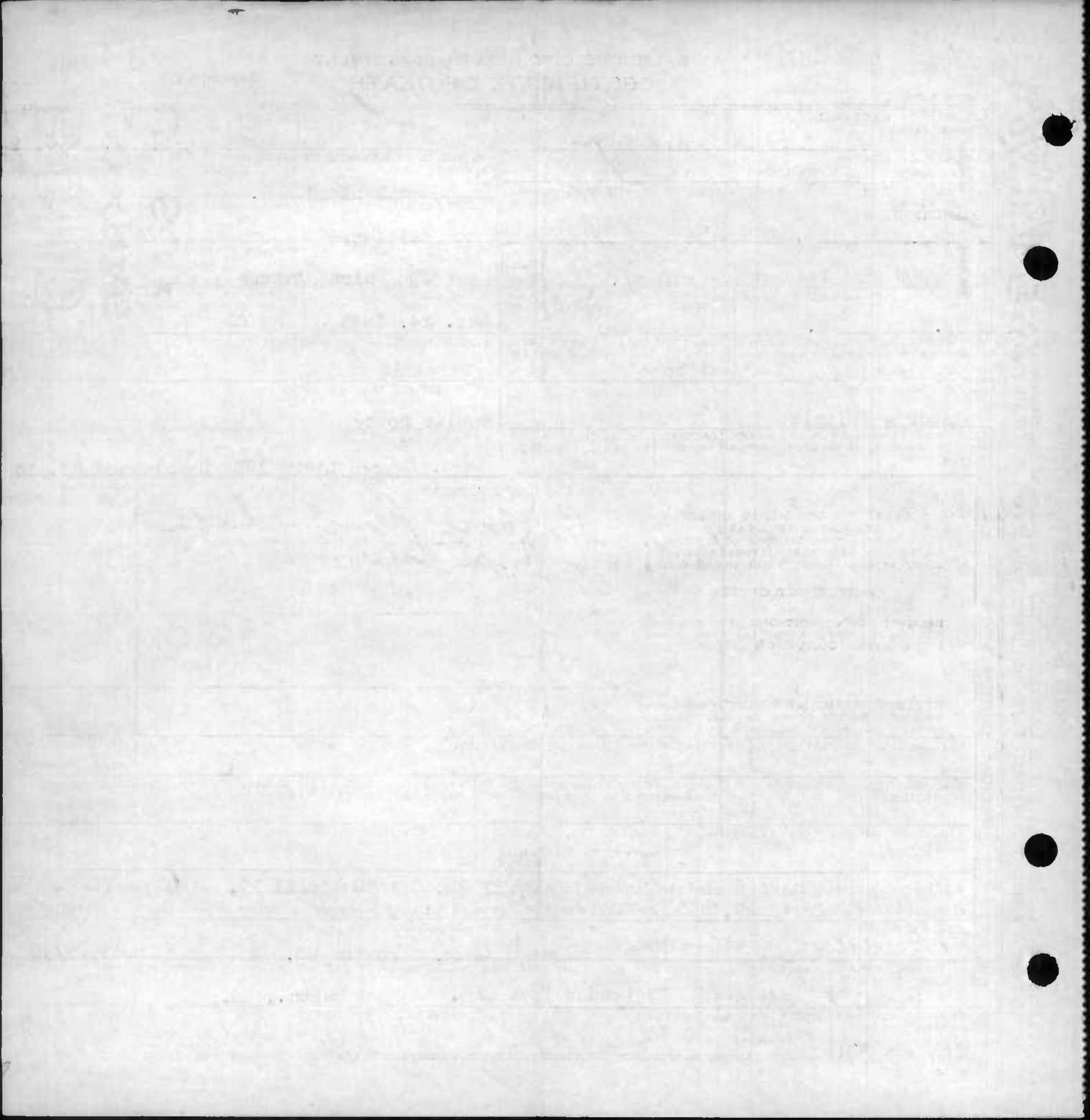
ADDRESS

Balto Md.

MAY 2 - 1950

VS 150

83a



50 4043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4043
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET I. O'BRIEN

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Anderson Nursing Home

3604 Mohawk Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4301 Roland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 25, 1868

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Maryland

13. FATHER'S NAME

John D. Moulton

14. MOTHER'S MAIDEN NAME

Margaret Owens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Seymour O'Brien 3943 Canterbury Rd.

18.

4200 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Arteriosclerotic heart disease*
DUE TO

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Acute congestive cardiac*
DUE TO(C) *Failure*

3 hrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1930, to 5-1-1950, that I last saw the
deceased alive on 5-1-1950, and that death occurred at 1:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Howard H. Warner

M. D.

23B. ADDRESS

2604 Gammon Pl

23C. DATE SIGNED

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Jackson & Sons, Balto Md.

ADDRESS

MAY 2 - 1950

VS 150

93D

CERTIFICATE OF DEATH

1911

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4044

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Kennedy 531274

2. DATE
OF DEATH MAY 1 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

COUNTY

7-05

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JONES HOPKINS HOSPITAL

(If in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

M.E. Elderry St. (1520)

C. Length of stay in Baltimore

30 Yrs.

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

May 25, 1902

9. AGE (in years last birthday)

47

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sumter South Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hauyston

Aur

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Azotemia

DUE TO Hydronephrosis & pyelonephritis

(B) due to

(C) Cervix carcinoma

INTERVAL BETWEEN ONSET AND DEATH

1 wk

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

Carcinoma of pancreas secondary diabetes mellitus

20. AUTOPSY?

YES ☐ NO ☐

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12-1950 to 5-1-1950 that I last saw the deceased alive on 5-1-1950 and that death occurred at 4:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Stuart Culkins

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

May 1

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/4/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

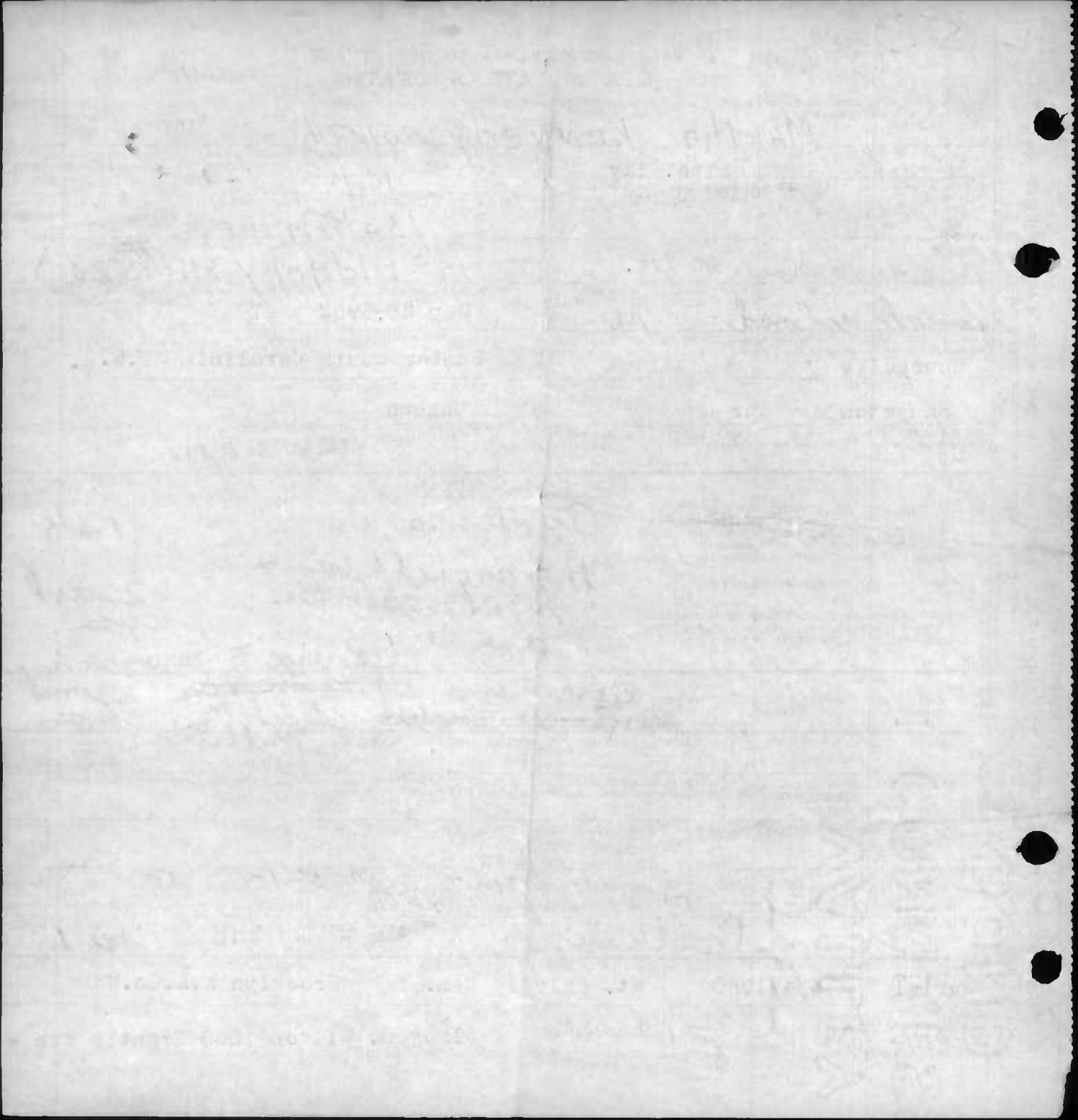
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Brantly Ave

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. 323 50 4045

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4045

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FRANZ		April 30, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1307 Hollins Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 6-1887	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANY	
13. FATHER'S NAME FRANZ POTTHAST		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-09-0341		17. INFORMANT WILLIAM POTTHAST-924 N. CHARLES ST	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxiation due to carbon monoxide poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1307 Hollins Street 19/3	
21D. TIME (Month) (Day) (Year) (Hour) of INJURY April 30, 1950 ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Two burners on stove on but unlit	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE P. J. Williams M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-150	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-3-50		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md		24E. REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.		24F. FUNERAL DIRECTOR THOMAS J. KENNY, INC.	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAY 2 1950		24H. ADDRESS 1600 HOLLINS ST		24I. ADDRESS	

N-968

3661V

178a ✓

1972-73-01

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4046**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis E. Gray

2. DATE
OF
DEATH

April 30, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1624 Westwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1624 Westwood Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 13, 1876

9. AGE (In years, last birthday)

74

10 Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

James Gray

14. MOTHER'S MAIDEN NAME

Elizabeth Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah Gray 1624 Westwood Ave.

18. **334X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Apoplexy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterial Hypertension

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

L

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

L

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 20, 1950** to **Apr. 29, 1950**, that I last saw the deceased alive on **Apr. 29, 1950**, and that death occurred at **7:50 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

E. Mansell Lawrence

M. D.

23B. ADDRESS

1033 W. Lantana St.

23C. DATE SIGNED

May 2, '50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-4-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. Lawrence C. Semaley

ADDRESS

578 W. Biddle St

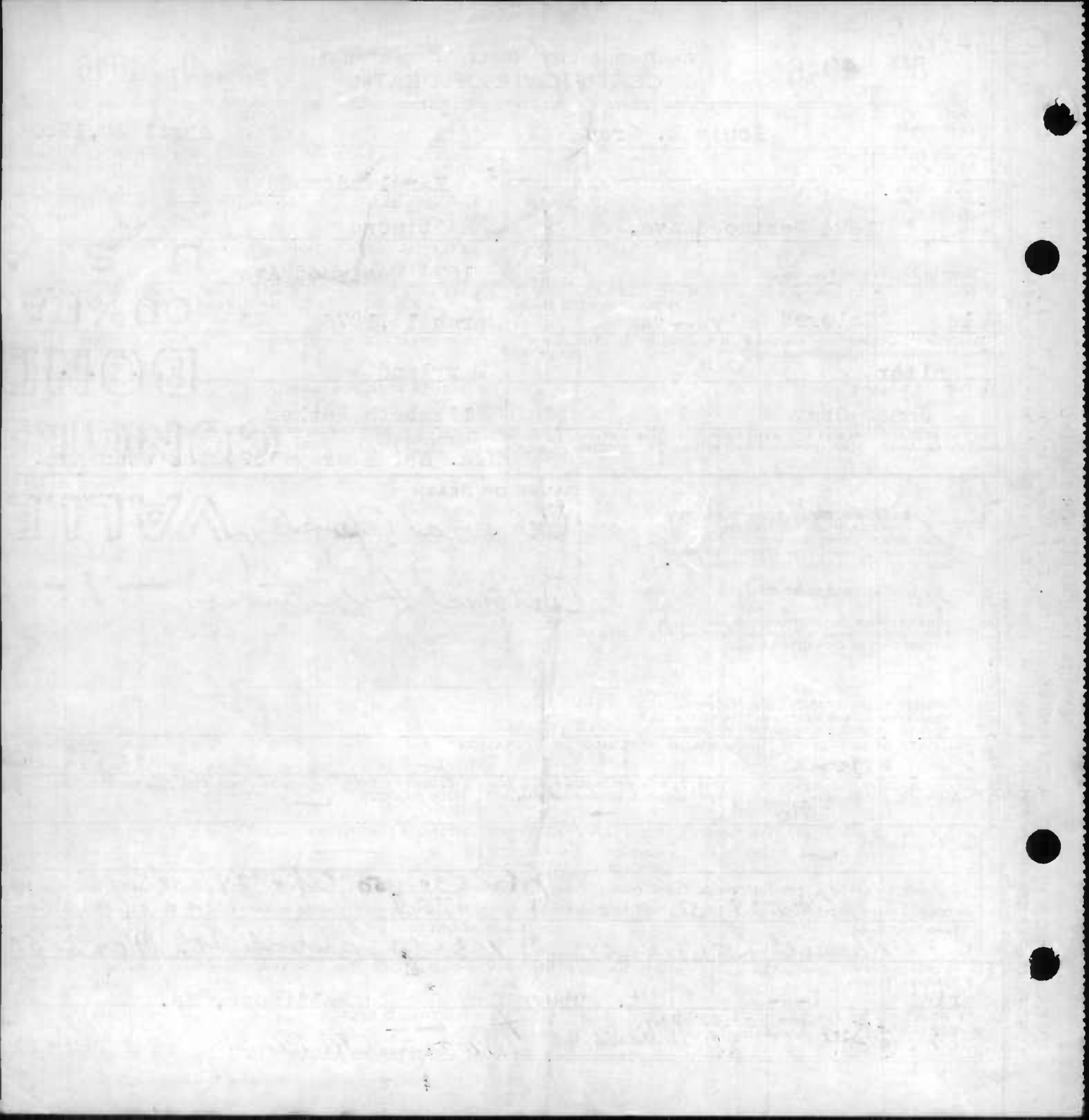
VS 150

74083

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY R. SCHULTZ

2. DATE
OF
DEATH

APR. 29-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1926 E. 28TH ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

9-06

D. STREET ADDRESS (If rural, give location)

1926 E. 28TH ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 25-1866

9. AGE (In years;
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES E CAMPBELL

14. MOTHER'S MAIDEN NAME

Julia A. Bussey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS

Mrs Wm. Sabelus - 1926 E. 28TH ST.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bronchitis
Pneumonia4 days
2 h.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis + Hypertension

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

Chronic Interstitial Nephritis

1 yr.

19A. DATE OF OPERATION

no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1950, to April 29, 1950, that I last saw the
deceased alive on April 29, 1950, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

SFA Stevens

M. D.

23B. ADDRESS

2878 Harford Rd

23C. DATE SIGNED

5-1-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/3/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ruck, 5305 Harford Rd.

ADDRESS

Dr. STEVENS
Harford & Hugo

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Golley

50

4048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50

4048

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Pearson Amoss

2. DATE
OF
DEATH

Apr. 30-1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland 4703 Hamfult Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE MARYLAND B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION

60 Pineridge Nursing Home

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 27-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

2809 Montebello Terrace

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 9-1873

9. AGE (In years,
last birthday)

76

If Under 1 Year
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hartford Co Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. E. G. Amoss - 2809 Montebello Terrace

18. Yrrr Y I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

Jace

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 4/30, 1950, that I last saw the deceased alive on 4/30, 1950, and that death occurred at 5/1/50, from the causes and on the date stated above.

23a. SIGNATURE

Dr. Golley

M. O.

23b. ADDRESS

5103 Hartford Rd

23c. DATE SIGNED

5/1/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

5/2/50

24c. NAME OF CEMETERY OR CREMATORY

Friendship

24d. LOCATION (City, town, or county)

Baito Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

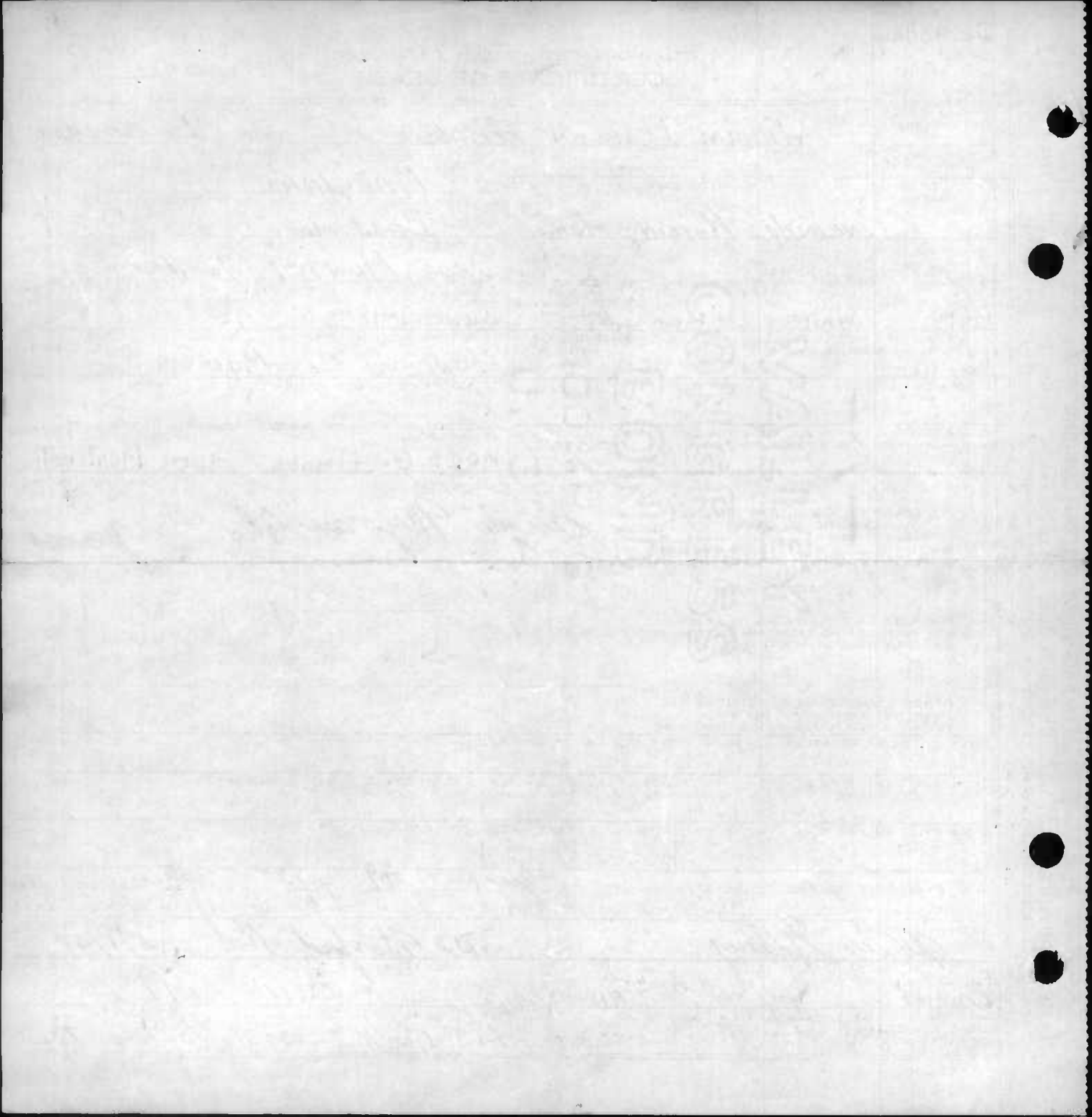
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Ruck - 5305 Hartford Rd.



50 4049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4049

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence W Cochran

2. DATE
OF
DEATH

April 30/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4802 York Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE ~~4802*York~~ Maryland

B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

4802 York Rd.

c. Length of stay in Baltimore

65 yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 13, 1870

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

School Teacher

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Zedekiah F. Williams

14. MOTHER'S MAIDEN NAME

Susan Emily Patkcall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ed. L Cochran 2941 Clifton Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bronchopneumonia

4/28/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Mesenteric Thrombosis

4/21/50

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

Arterio sclerotic cardio vascular disease

many
years.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1950, to 4/30, 1950, that I last saw the deceased alive on 4/29, 1950, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony J. Thomas

M. D.

23B. ADDRESS

4600 York Rd.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5 - 2 - 50

24C. NAME OF CEMETERY OR CREMATORY

Greenmont Cemetery

24D. LOCATION (City, town, or county)

Greenmont Ave. & North

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

MARGIN RESERVED FOR BINDING

W 425 50 4050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4050

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Harry Wilson		2. DATE OF DEATH May 1st, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1609 Eutaw, Place		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 1609 Eutaw Place B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md			
c. Length of stay in Baltimore 1 year		D. STREET ADDRESS (If rural, give location) 1609 Eutaw, Place			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11, 1890	9. AGE (In years last birthday) 60	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY NEVER WORKED		11. BIRTHPLACE (State or foreign country) Toronto, Canada	
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes, May 28, 1918		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Hazel Hendrick, Wilson		ADDRESS 1609 Eutaw, Place			
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH about 15 years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 30 April, 1950 to 1 May, 1950 , that I last saw the deceased alive on May, 1950 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence L. Keown M.D.		23B. ADDRESS 1908 Linden, Ave		23C. DATE SIGNED 2 May 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5 - 3 - 50		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1950		REGISTRAR'S SIGNATURE Winington Williams, M.D.		ADDRESS 1900 Eutaw Place	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4051
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EUGENE CHARLES NIEMEYER

2. DATE
OF
DEATH

Apr. 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2112 Harford Road

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2112 Harford Road

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 8, 1890

9. AGE (in years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Brush Machine Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Wm. Niemeyer

14. MOTHER'S MAIDEN NAME

Rose Geliece

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL SECURITY NO.

213-18-7815

17. INFORMANT ADDRESS

**2112 Harford Rd.
Mrs. Margaret A. Niemeyer**

18. **241X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Degenerative Heart

DUE TO

Bronchial Catarrh

2 hrs

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Bronchocatheter

DUE TO

Bronchocatheter Catarrh

3 yrs.

3 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 22, 1950**, to **April 30, 1950**, that I last saw the deceased alive on **April 30, 1950**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

S. F. A. Stevens

M. D.

23B. ADDRESS

2818 Harford Rd.

23C. DATE SIGNED

5-1-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/ /50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE - 13, MD.

VS 150

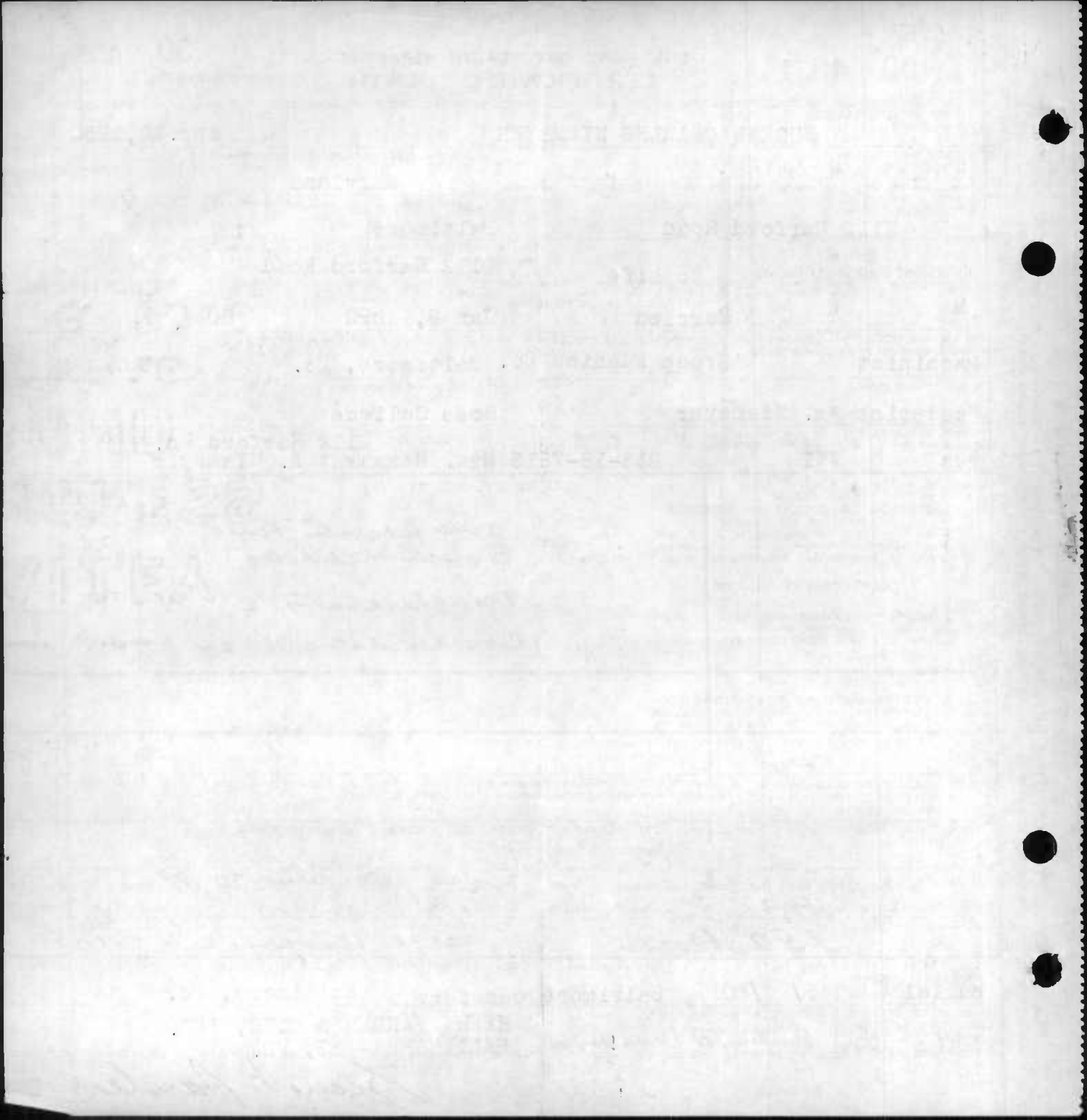
32637

Henry F. Sander

106 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



E-340
50 4052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4052

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ELIZABETH SPANGLER EITEL			2. DATE OF DEATH April 30, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION 122 S. ELLWOOD AVENUE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 122 S. Ellwood Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 26, 1879		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Butschky			14. MOTHER'S MAIDEN NAME Henrietta Burgen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 122 S. Ellwood Avenue Mrs. Gustav Tober		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Obesity DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH Apr 20 57
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 20, 1950 to Apr 30, 1950 , that I last saw the deceased alive on Apr 29, 1950 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE George S. Lipky		23B. ADDRESS 476 S. Patterson Park Dr		23C. DATE SIGNED 5/1/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/3/50		24C. NAME OF CEMETERY OR CREMATORY Baltimore cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. NAME OF CEMETERY DIRECTOR HENRY SANDER & SONS, INC.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1950		REGISTRAR'S SIGNATURE Wmington Williams, M.D.		ADDRESS NORTH AVE. & BROADWAY - 13	

VS 150

Henry F. Sander \$30

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

F-420

50 4053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4053

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Annie L. Ellis

2. DATE
OF
DEATH

April 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1103 W. Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, City.

D. STREET ADDRESS (If rural, give location)

1103 W. Lexington Street

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3/2/1880

9. AGE (In years last birthday)

70

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Spencer Stanley

14. MOTHER'S MAIDEN NAME

Susan ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Morris Ellis 1103 W. Lexington St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT . NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1950 to April 29, 1950 that I last saw the deceased alive on April 27, 1950 and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/3/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Ct.

24D. LOCATION (City, town, or county)

Baltimore City

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 2 - 1950

Huntington Williams, M.D.

Roland Brown 123 W Montgomery

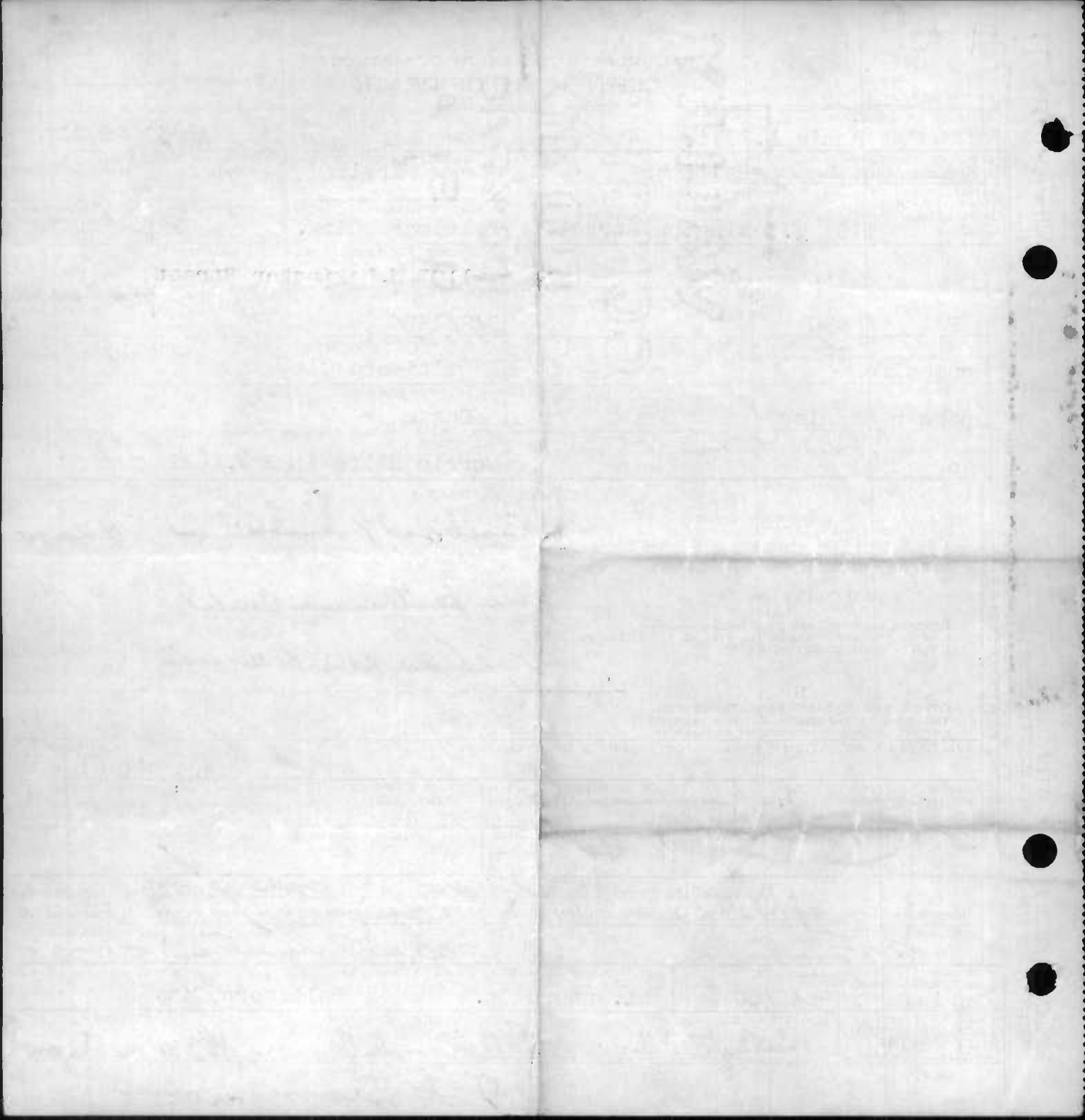
J F Brown. Son 131a

VS 150

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

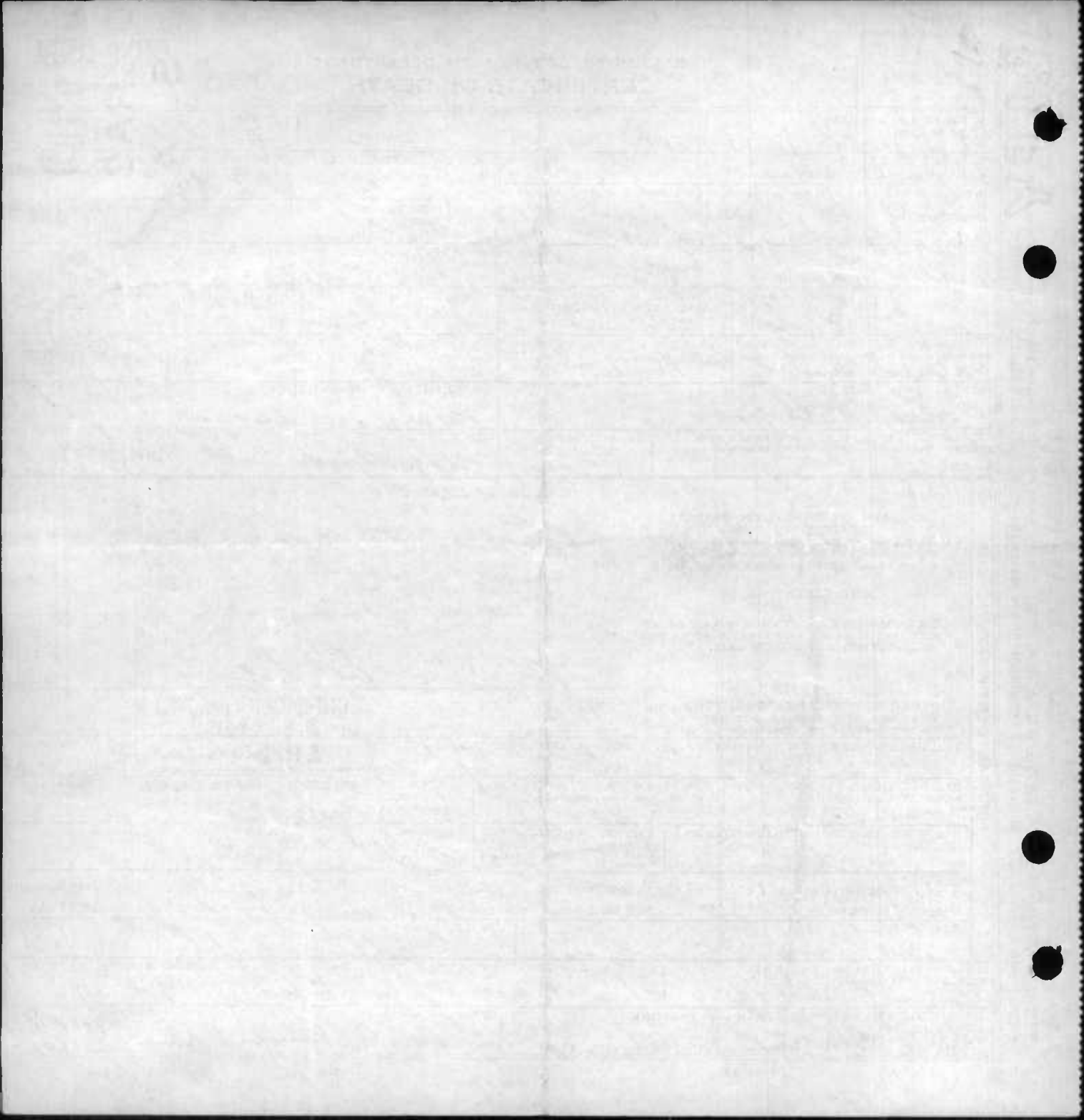
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-312 Medical Examiner Case 4054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4054
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <u>William Rothfuss</u>	
2. DATE OF DEATH <u>5/1/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Balto</u>	
C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location) <u>8305 Old Harford Rd.</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>	
6. LENGTH OF STAY IN BALTIMORE <u>life</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/5/62</u>
9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Rothfuss</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Miller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs. Linda Bell</u> ADDRESS <u>8305 Old Harford Rd.</u>	
18. <u>E903.5</u> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) <u>Senile Bunkhemia</u> DUE TO	
ANTECEDENT CAUSES (B) <u>+ uremia</u> DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <u>Fracture - left hip</u>	
CERTIFICATION APPROVED BY <u>Dr. J. R. Davis</u>	
19A. DATE OF OPERATION <u>4/28/50</u>	
19B. MAJOR FINDINGS OF OPERATION <u>Fracture - left hip</u>	
20. AUTOPSY? <u>NO</u>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Acc.</u>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21C. WHERE DID INJURY OCCUR? <u>8305 Old Harford Rd.</u>	
21D. HOW DID INJURY OCCUR? <u>Slipped and fell on pavement</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>4/26/50</u> , 19 <u>50</u> , to <u>5/1/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/1/50</u> , 19 <u>50</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.	
23A. SIGNATURE <u>William P. Parker</u> M. O.	
23B. ADDRESS <u>St. Joseph's Hospital</u>	
23C. DATE SIGNED <u>5/1/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24B. DATE <u>5/4/50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 2 - 1950</u>	
REGISTRAR'S SIGNATURE <u>Wm. J. Williams, Jr.</u>	
25. FUNERAL DIRECTOR <u>Wm. J. Williams, Jr.</u> ADDRESS <u>4401 Belair Rd.</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

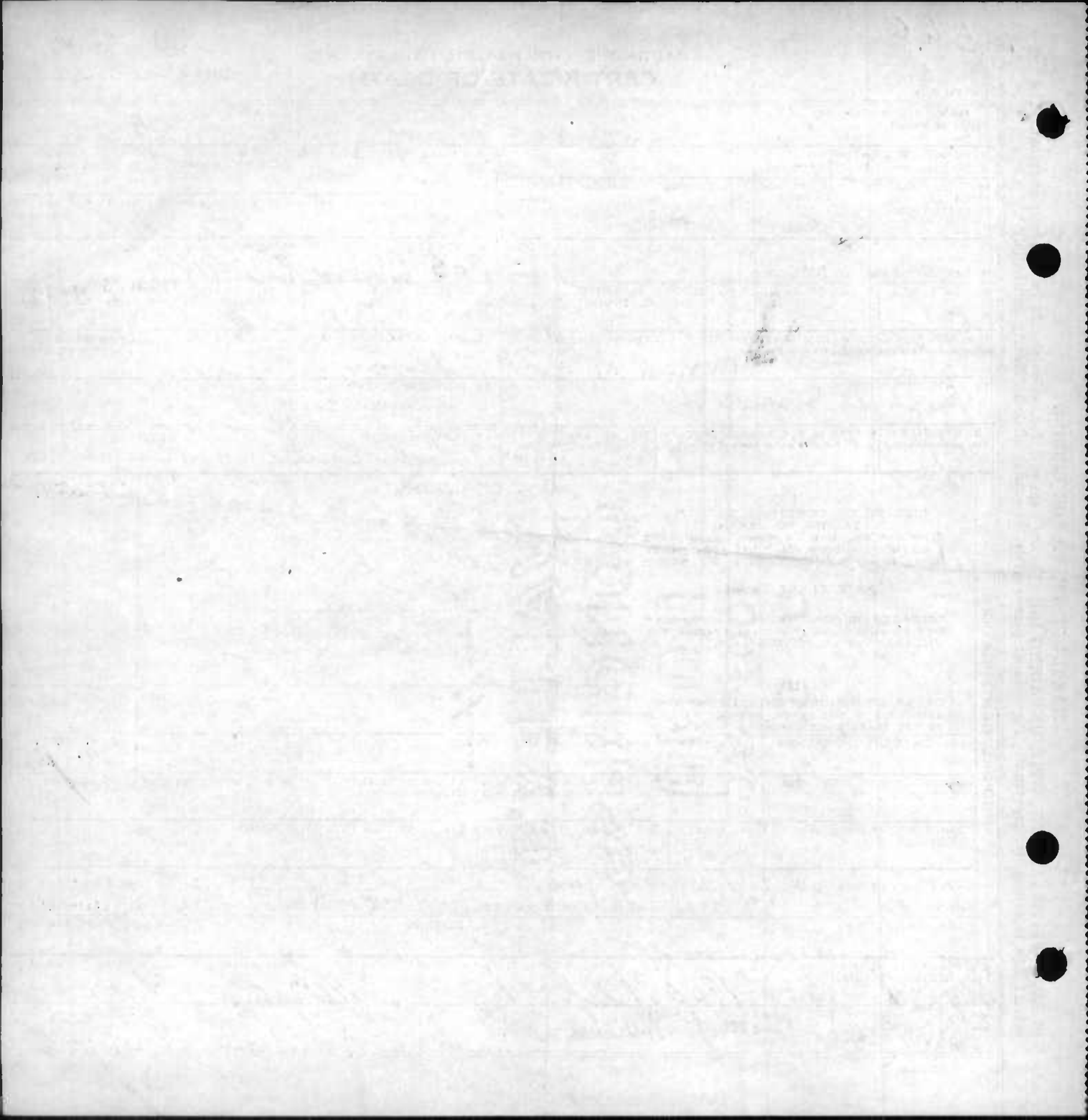
50 4055

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Joyner</i>			2. DATE OF DEATH <i>4/29/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. 25-02A</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>305 Cherry Hill Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>Nov. 24, 1917</i>		9. AGE (In years last birthday) <i>32</i> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>W.M. R.R.</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Joseph L. Joyner Sr.</i>			14. MOTHER'S MAIDEN NAME <i>Mary Biggs</i> ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>231-10-5890</i>		17. INFORMANT ADDRESS <i>Ernest Carter - 305 Cherry Hill Ave</i>	

18. <i>416X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Heart Failure</i> DUE TO <i>Probably due to Rheumatic Heart Disease</i> (B) <i>Heart Disease</i> DUE TO <i>(2) Chronic Alcoholism</i> (C)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-29</i> , 19 <i>50</i> to <i>4-29</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>4-29</i> , 19 <i>50</i> , and that death occurred at <i>12</i> ^{NOR.} <i>NO.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>K.G. Smock Jr.</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>4-29-50</i>	
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>5-2-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Norfolk</i>	
24D. LOCATION (City, town, or county) (State) <i>Norfolk Va.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Norfolk</i>		24F. LOCATION (City, town, or county) (State) <i>Norfolk Va.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 2 - 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Williams</i>	
				ADDRESS <i>8. Schroeder</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4056
Registered No.

1. NAME OF DECEASED (Type or Print) Frederick William Green			2. DATE OF DEATH 5/1/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 18-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 907 Bennett Place		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 7-21-1897		9. AGE (in years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none NOT KNOWN			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William Frederick Green			14. MOTHER'S MAIDEN NAME Annie Mahle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. George Gernhart			ADDRESS - 331 Dumbarton Rd.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hype Uremia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Hype Uremia		
DUE TO (B) Hypertensive cardiovascular disease		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral arteriosclerosis & congestive		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-17-1950 to 5-1-1950 that I last saw the deceased alive on 5-1-1950 and that death occurred at 2:00 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Marguerite Louise Cadell		23B. ADDRESS Maryland General Hosp.		23C. DATE SIGNED 5/1/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/4/50		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn Cem.		25. FUNERAL DIRECTOR Wm. J. Tichner & Son - Balto Md.		ADDRESS	

1910

First of the year

Second of the year

Third of the year

Fourth of the year

Fifth of the year

Sixth of the year

Seventh of the year

Eighth of the year

Ninth of the year

Tenth of the year

Eleventh of the year

Twelfth of the year

Thirteenth of the year

Fourteenth of the year

Fifteenth of the year

Sixteenth of the year

Seventeenth of the year

Eighteenth of the year

Nineteenth of the year

Twentieth of the year

Twenty-first of the year

Twenty-second of the year

Twenty-third of the year

F363
ES-131364
50 4057BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4057

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Zeno Edwards		2. DATE OF DEATH 5-1-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02			
c. Length of stay in Baltimore 8 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 644 W. Fayette Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 26, 1910	9. AGE (In years last birthday) 39	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY House		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME J. S. Edwards		14. MOTHER'S MAIDEN NAME Flora Woods			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS 4940 Records* Baltimore City Hospitals Eastern	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-1-50		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-26 , 19 49 to 5-1 , 19 50 , that I last saw the deceased alive on 5-1 , 19 50 , and that death occurred at 12:20 PM , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. H. O'Brien</i>		23B. ADDRESS M. O. 4940 Eastern Avenue		23C. DATE SIGNED May 2, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/2/50		24C. NAME OF CEMETERY OR CREMATORY -	
24D. LOCATION (City, town, or county) (State) Winston Salem, N. C.		25. FUNERAL DIRECTOR Wm. J. Scherer & Sons Balto Md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1950		REGISTRAR'S SIGNATURE <i>Wm. J. Scherer</i>			

WASHINGTON, D. C.

January 1, 1911

TO THE SECRETARY OF AGRICULTURE

FROM THE SECRETARY OF AGRICULTURE

RECEIVED

DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C.

January 1, 1911

TO THE SECRETARY OF AGRICULTURE

FROM THE SECRETARY OF AGRICULTURE

RECEIVED
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.
January 1, 1911
TO THE SECRETARY OF AGRICULTURE
FROM THE SECRETARY OF AGRICULTURE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4058

W-435
50 4058
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ALEXANDRIA Waltemyer			2. DATE OF DEATH April 29, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1623 Linden Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-10-1899		9. AGE (In years last birthday) 50 If Under 1 Year: Months 5 Days 19 If Under 24 Hours: Hours 19 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balt Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 220-22-5491	17. INFORMANT ADDRESS Sophia BARTELL 626 W Fayette St.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) Subdural hematoma DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO	
	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R S Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D.	23C. DATE SIGNED May 5, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/3/50	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer
24D. LOCATION (City, town, or county) Belair Rd. Md	24E. FUNERAL DIRECTOR Chas. W. Pachauskas	24F. ADDRESS 203 McKeen St
DATE RECEIVED BY LOCAL REGISTRAR MAY 2 - 1950		
REGISTRAR'S SIGNATURE Wm. W. Williams		

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK
COUNTY OF []

CERTIFICATE OF DEATH

IN THE CITY AND TOWN OF []

DECEASED

DATE OF DEATH []

PLACE OF DEATH []

CAUSE OF DEATH []

PLACE OF BIRTH []

DATE OF BIRTH []

SEX []

RACE []

EDUCATION []

OCCUPATION []

RELIGION []

MARRIAGE []

PREVIOUS ILLNESS []

PREVIOUS SURGERY []

PREVIOUS TRAUMA []

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4059

Registered No. _____

BIRTH NO. _____

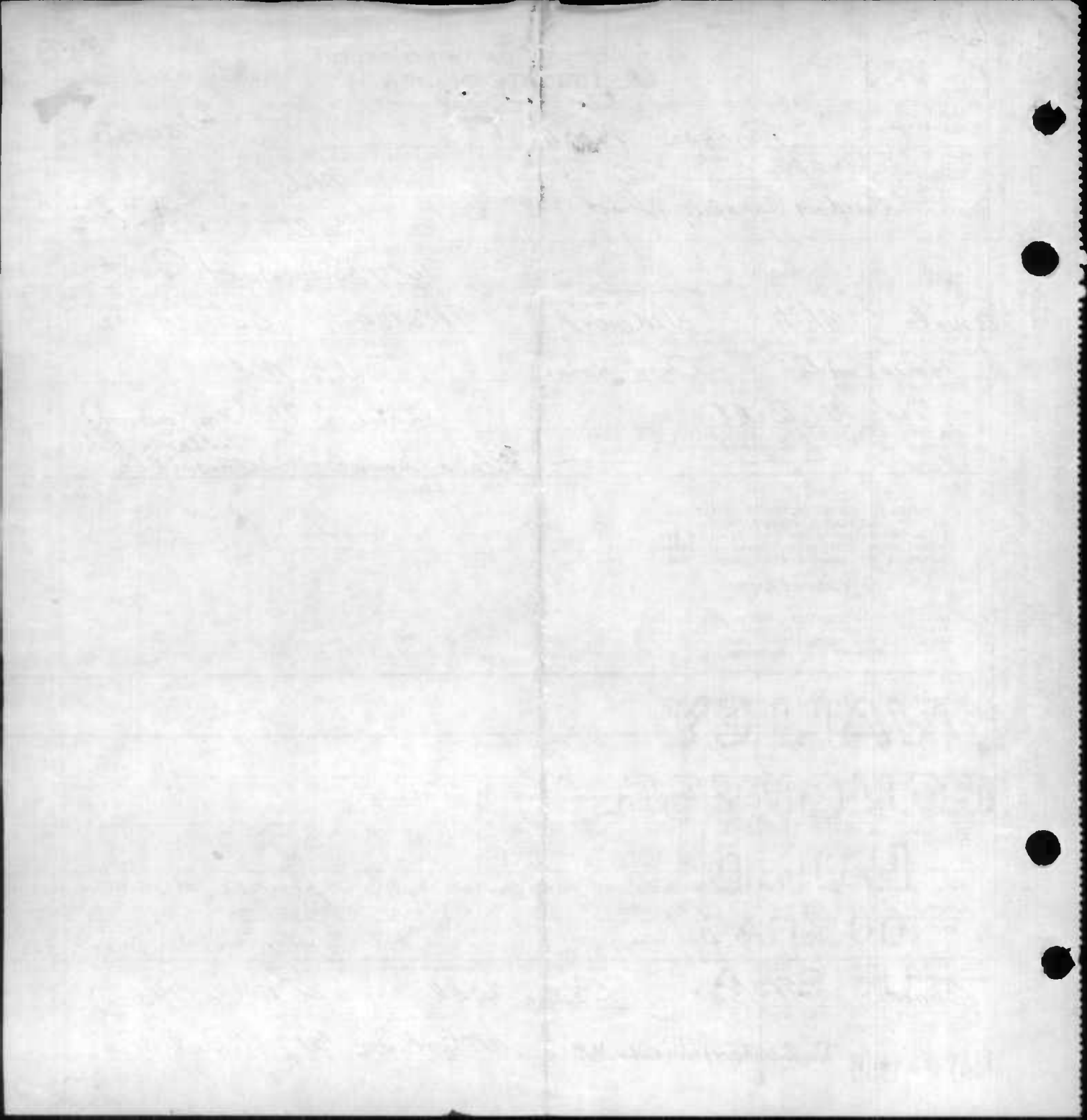
1. NAME OF DECEASED (Type or Print) <i>Theresa Norrist</i>			2. DATE OF DEATH <i>4/30/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3025 Windsor Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Windsor Nursing Home</i> <i>60</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 24-03</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1017 Sumwalt Court</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7/18/89</i>		9. AGE (In years last birthday) <i>60</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
13. FATHER'S NAME <i>Geo. W. Bell</i>			14. MOTHER'S MAIDEN NAME <i>Louise V. (Unknown)</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <i>Plana Summers 8 Hillside Rd Catonsville</i>	

18. <i>422.2 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic myocarditis</i> DUE TO _____			INTERVAL BETWEEN ONSET AND DEATH _____		
II					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 29, 1950</i> , to <i>April 29, 1950</i> , that I last saw the deceased alive on <i>April 29, 1950</i> , and that death occurred at <i>11:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M. H. Patterman</i>		23B. ADDRESS <i>2324 Resister Town Rd</i>		23C. DATE SIGNED <i>May 2, 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/3/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 2 1950</i>		REGISTRAR'S SIGNATURE <i>Winston Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul St.</i>	

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4060

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Morton H. Fox			2. DATE OF DEATH May 1, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marlboro Apts. Eutaw Place			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland 14-01		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) Eutaw Place. (Marlboro Apts.)		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3, 1885	9. AGE (In years last birthday) 64	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat packer			10B. KIND OF BUSINESS OR INDUSTRY Packing Co.		11. BIRTHPLACE (State or foreign country) Baltimore Md.
13. FATHER'S NAME Henery Fox			14. MOTHER'S MAIDEN NAME Sadie H. Springer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-01-7235		
			17. INFORMANT ADDRESS Mary Fox, Eutaw Pl. Marlboro Apts.		

18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Thromboses DUE TO = Arteriosclerosis	CAUSE OF DEATH Acute Coronary Thromboses = Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 2 hrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. , 19 33 , to May 1 , 19 50 , that I last saw the deceased alive on May 1 , 19 50 , and that death occurred at 11:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Benjamin J. ...		23B. ADDRESS M. D. ...		23C. DATE SIGNED 5-2-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 3, 1950		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS 1902 Eutaw Pl.			

CERTIFICATE OF DEATH

NOT ON A FORM

DECEASED: [Name] [Address] [City] [State] [Zip]

DATE OF DEATH: [Date] TIME OF DEATH: [Time]

PLACE OF DEATH: [Location]

CAUSE OF DEATH: [Cause]

DECEASED'S SIGNATURE: [Signature]

DECEASED'S ADDRESS: [Address]

DECEASED'S CITY: [City]

DECEASED'S STATE: [State]

DECEASED'S ZIP: [Zip]

DECEASED'S AGE: [Age]

DECEASED'S SEX: [Sex]

DECEASED'S RACE: [Race]

DECEASED'S RELIGION: [Religion]

DECEASED'S OCCUPATION: [Occupation]

DECEASED'S MARITAL STATUS: [Status]

DECEASED'S EDUCATION: [Education]

DECEASED'S BIRTH DATE: [Date]

DECEASED'S BIRTH PLACE: [Place]

DECEASED'S BIRTH TIME: [Time]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4061

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY MARSHALL BRICE

2. DATE
OF
DEATH

May 2, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived/If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

C. CITY OR TOWN

Annapolis

5200

O. STREET ADDRESS (If rural, give location)

R.F.D. #2

C. Length of stay in Baltimore

2 days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 3, 1906

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland (Baltimore)

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MARSHALL G. Smith

14. MOTHER'S MAIDEN NAME

Medora Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Union Memorial Hospital Records

18. 204.1

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH
Myeloid leukemia

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 1, 1950, to May 2, 1950, that I last saw the
deceased alive on May 2, 1950, and that death occurred at 8:22 am., from the causes and on the date stated above.

23A. SIGNATURE

Marshall D. Larrick, Jr.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/5/1950

24C. NAME OF CEMETERY OR CREMATORY

Cedar Bluff

24D. LOCATION (City, town, or county)

Annapolis

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 2 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John McLaughlin

ADDRESS

Annapolis, Md.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
CERTIFICATE OF DEATH

A

1901

K-452

50 4062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4062

1. NAME OF DECEASED
(Type or Print)

Henry John Klingenberg

2. DATE
OF
DEATH

Apr. 30-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

120

5200 ANTHONY AVE.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

5200 ANTHONY AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Apr. 5.

9. AGE (In years,
last birthday)

59

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supervisor - Motor Vehicles

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam Klingenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. EMMA M. Klingenberg - 5200

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOHypertension, Cardiac
Heart Block

14.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOVascular Disease
Cardiac Hypertrophy

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Aneurysmal Aberration
Pul Embolism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19, to April 10, 1950, that I last saw the
deceased alive April 10, 1950, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Fred Ruzika

M. O.

1044 Charles St

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/1/50

Holy Redeemer

BALTO.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 2 - 1950

William H. Williams, Jr.

Leonard J. Ruck 5305 Hartford

VS 150

(F. Fred Ruzika)

31660

931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Ruzic Ka
1011 R. Charles

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4063

Registered No.

50 4063

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charlotte Jane Pruitt			2. DATE OF DEATH MAY 2, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2808 Pulaski Highway			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 12 YRS			D. STREET ADDRESS (If rural, give location) 2808 Pulaski Highway		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 3, 1890		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Johnston			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 217-05-5777	17. INFORMANT ADDRESS Edward Pruitt 2808 Pulaski Hwy		
18. I 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ureteral Obstruction DUE TO Bilateral ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastatic CARCINOMA OF pelvis & ureters DUE TO Squamous Cell CARCINOMA OF cervix			INTERVAL BETWEEN ONSET AND DEATH 1 week within 1 year 14 months		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1947 , to MAY 2, 1950 , that I last saw the deceased alive on MAY 2, 1950 , and that death occurred at 6:40 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Melvin N. Braden		23B. ADDRESS 2030 W. Fayette St		23C. DATE SIGNED 5/2/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-5-1950		24C. NAME OF CEMETERY OR CREMATORY Angel Hill	
24D. LOCATION (City, town, or county) (State) Harvde Grace Md.		25. FUNERAL DIRECTOR H. Madison Mitchell		ADDRESS 480 Harvde Grace, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4064BIRTH NO. 50 40641. NAME OF DECEASED
(Type or Print) Mrs. Dora Gersbberg2. DATE
OF
DEATH 5/2/503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE Maryland
B. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Church Home HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) Baltimore 6-0435
c. Length of stay in Baltimore 28Yrs.
Mons.
DaysD. STREET ADDRESS (If rural, give location)
139 North Washington St.5. SEX Female6. COLOR OR RACE White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH 18769. AGE (In years
last birthday) 74If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY Home11. BIRTHPLACE (State or foreign country)
Europe (Poland)12. CITIZEN OF
WHAT COUNTRY? U.S.13. FATHER'S NAME
Joseph Wienstanker14. MOTHER'S MAIDEN NAME
Rosa Wienstanker15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Betty Jo MaresADDRESS
Church Home Hospital18. 446X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
(A) Nephrosclerosis

DUE TO

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
(B) Generalized Arteriosclerosis

DUE TO

5 yrs.

II

(C) Duodenal Ulcer10 yrs.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

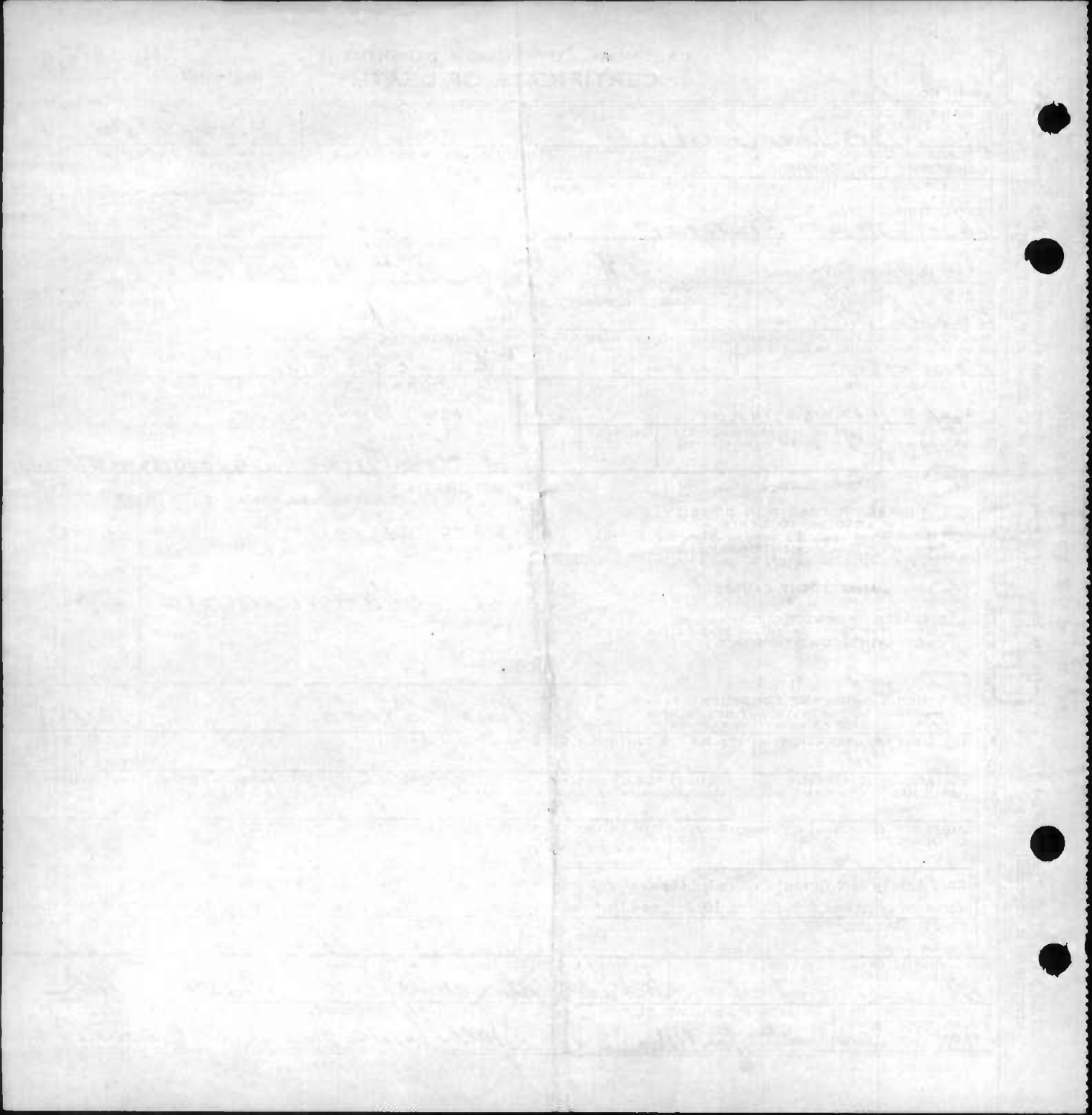
YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1950, to May 2, 1950, that I last saw the
deceased alive on May 2, 1950, and that death occurred at 2:30 P. m., from the causes and on the date stated above.23A. SIGNATURE
James T. Means23B. ADDRESS
M. D. Church Home Hospital23C. DATE SIGNED
5/2/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial24B. DATE
5-3-5024C. NAME OF CEMETERY OR CREMATORY
Andrew Mt. Carmel24D. LOCATION (City, town, or county)
Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
MAY 3 - 1950REGISTRAR'S SIGNATURE
Christington Williams, Jr.25. FUNERAL DIRECTOR
Jack LewisADDRESS
2100 Eutaw Pl



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUDWIG FUTTER

2. DATE
OF
DEATH

5/2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38 University of Md. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

28-02

D. STREET ADDRESS (If rural, give location)

4502 Springdale Ave

C. Length of stay in Baltimore *14 yrs.*

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

-

9. AGE (In years last birthday)

51

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Insurance.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Max.

14. MOTHER'S MAIDEN NAME

Hedwig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hedwig Fatter 4502 Springdale Ave

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Infarction of Myocardium due to atherosclerotic coronary circulation

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

12 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(B) Congestive Heart Failure.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5/2/50*, 19__, to *5/2/50*, 19__, that I last saw the deceased alive on *5/2/50*, 19__, and that death occurred at *11:45 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Mark E. Naeff, Jr.

23B. ADDRESS

260 Md Hosp.

23C. DATE SIGNED

5/2/50.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-3-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1950

REGISTRAR'S SIGNATURE

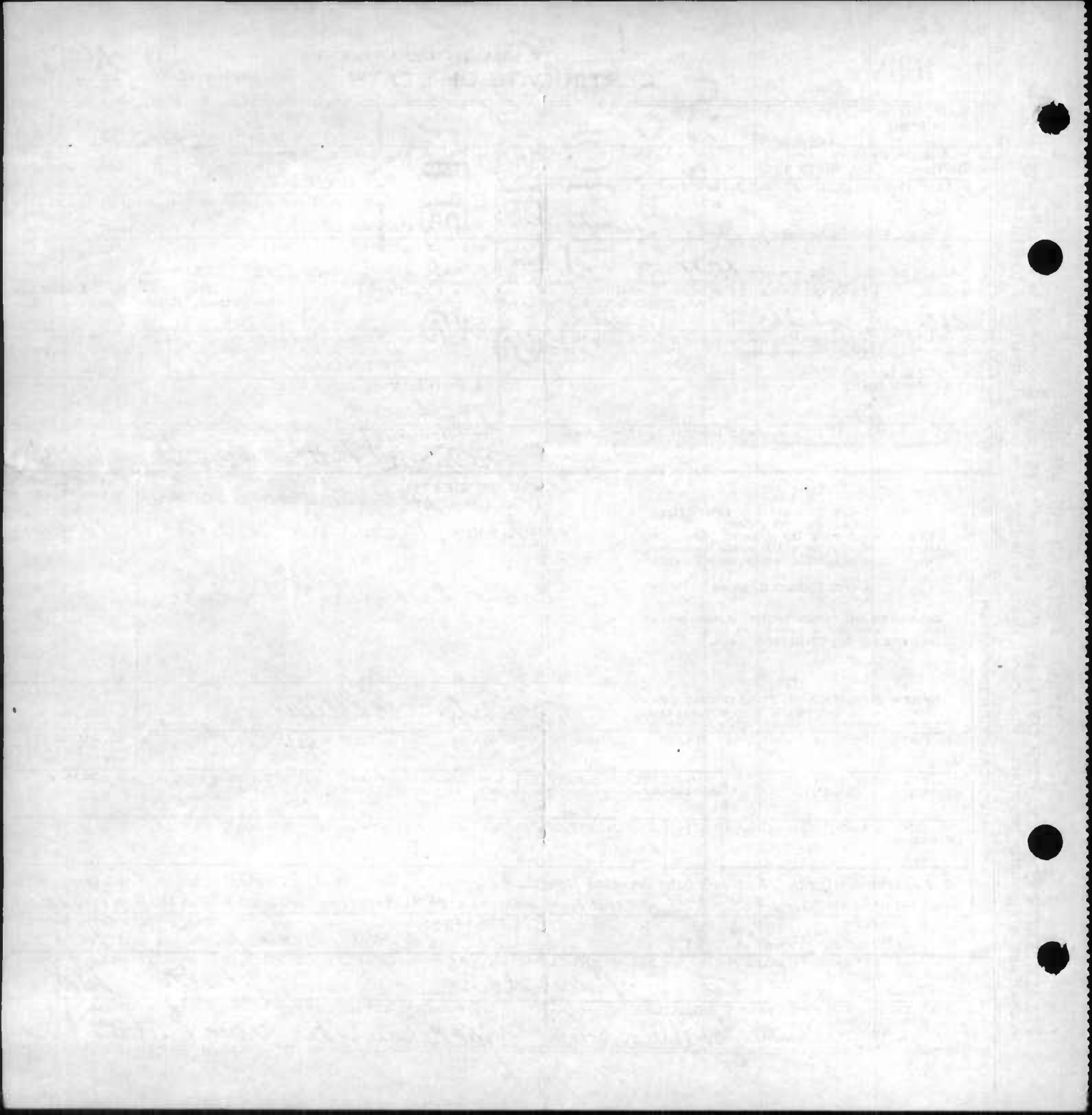
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc

ADDRESS

2100 Eutan Rd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4066
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*William Perry Bradley*2. DATE
OF
DEATH*May 2, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Court House*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**27-09*

D. STREET ADDRESS (If rural, give location)

1655 E. Coldspring Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*April 9, 1880*9. AGE (In years
last birthday)*70*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Probation Officer*10B. KIND OF BUSINESS OR
INDUSTRY*Balto. City*

11. BIRTHPLACE (State or foreign country)

*Rhode Island*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James E. Bradley

14. MOTHER'S MAIDEN NAME

*Ida Gifford*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*no*

17. INFORMANT

ADDRESS

*Lane**Mrs. Eleanor D. Bradley 1655 E. Coldspring*

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Chronic Coronary Disease*

DUE TO

ANTECEDENT CAUSES

(B) *disease*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held on *Autopsy, Inspection or Inquiry* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: *natural causes* ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

*William L. Heffner*23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

*5/2/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Cremation*

24B. DATE

5/5/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county) (State)

*Baltimore, Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

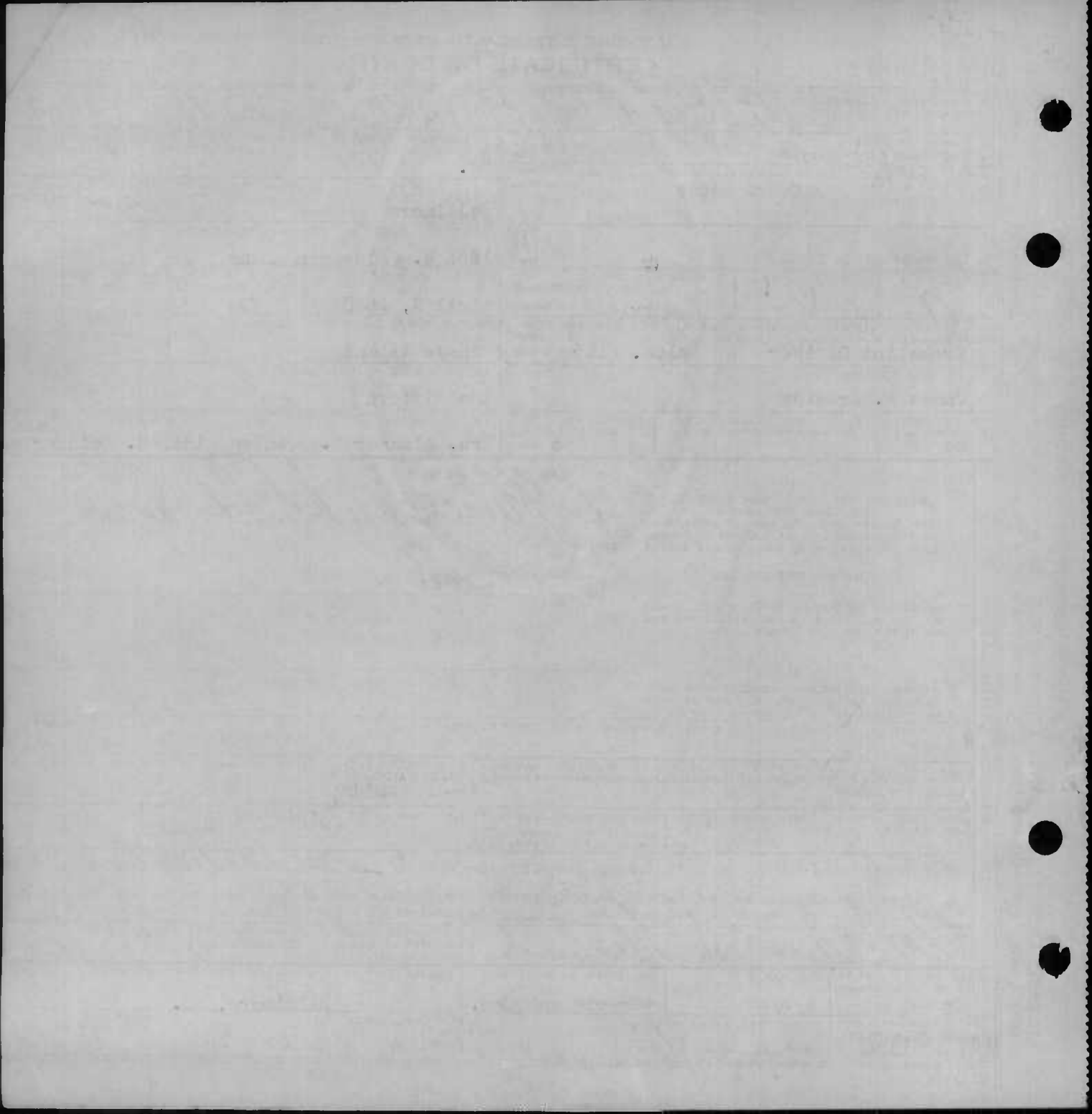
William L. Heffner

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

Balto, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4067
Registered No.50 4067
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

TILGHMAN, ISAAC

2. DATE
OF
DEATH

MAY 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

27-20

D. STREET ADDRESS (If rural, give location)

6005 HIGHTGATE ROAD.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

NOV 27 1874

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if from another
INDUSTRY)

Gen'l. Foreman Black Railroad

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

AMELIA WARD.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

705-03-9469

17. INFORMANT

WIFE

ADDRESS

FLORENCE ISAAC

18. 204 1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CEREBRAL INFARCTION

DUE TO

8 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

MYELOGENOUS LEUKEMIA.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1950 to MAY 1, 1950 that I last saw the
deceased alive on MAY 1, 1950, and that death occurred at 3:50 pm., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

FRANKLIN SQUARE HOSPITAL.

23C. DATE SIGNED

MAY 1, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Howard Co

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

10-10-68

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4068

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles H. McFREDERICK

2. DATE
OF
DEATH

5/1/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4310 Wentworth Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

28-02

D. STREET ADDRESS (If rural, give location)

4310 Wentworth Road.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 18, 1890

9. AGE (In years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Equitable Trust Co.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES H. McFREDERICK

14. MOTHER'S MAIDEN NAME

S. Linda Lepson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

George H. McFREDERICK 4310 Wentworth Rd.

18. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Coronary Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

John R. Daers

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23c. DATE SIGNED

5/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-4-50

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

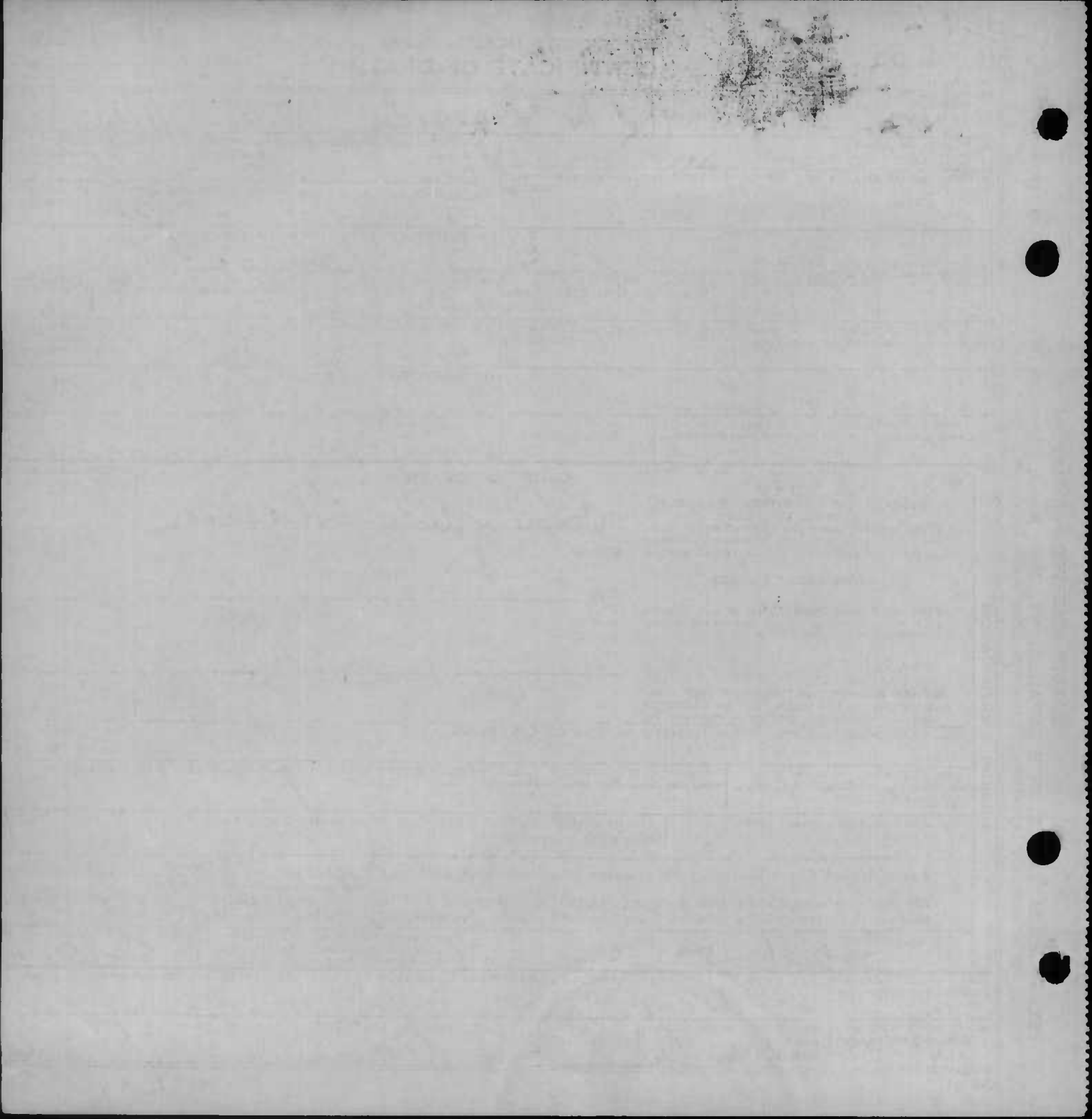
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons 1900 Eutaw Place

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*James Carroll*2. DATE
OF
DEATH*May 1, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

60 *1317 Madison Avenue*

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

9. AGE (In years last birthday)

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Williams - 1317 Madison Avenue*18. *442 X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebral Vascular Disease 2 yrs.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic Degeneration 1 year.(C) *Legs.*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/4*, 1950, to *5/1*, 1950, that I last saw the deceased alive on *4/24*, 1950, and that death occurred at *6 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

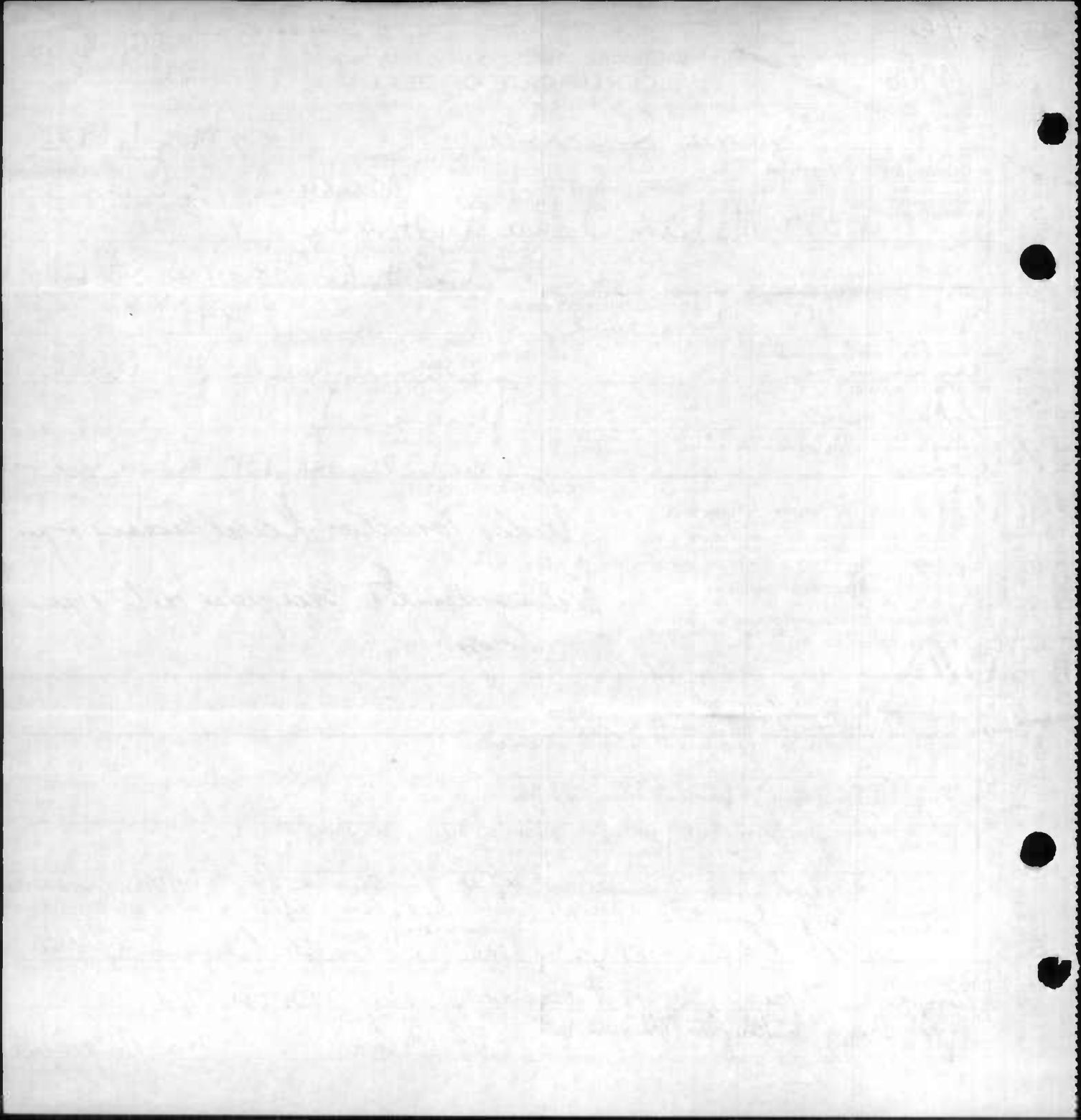
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 3 - 1950**Washington Williams, M.D.**W. Brooks**1463 N. Carey St.*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4070

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Aniels Kobus*2. DATE
OF
DEATH*May 2/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

607 S. Montford

C. CITY OR TOWN

*Baltimore**1-03*

D. STREET ADDRESS (If rural, give location)

607 S Montford Ave

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 16-1935

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

*Alexander Kobus 607 S. Montford Ave*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardic Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Thrombosis

(C)

Pulmonary edema

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept*, 19*44* to *May*, 19*50*, that I last saw the deceased alive on *May 2*, 19*50*, and that death occurred at *6 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Danowski M. D.

23B. ADDRESS

2711 Eastern Ave

23C. DATE SIGNED

May 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**May 6/50**Holy Cross**Baltimore*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAY 3 - 1950**Wilmington Williams, M.D.**Frank W. Ozargowski**937**1930 Eastern Ave*

G-316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4071

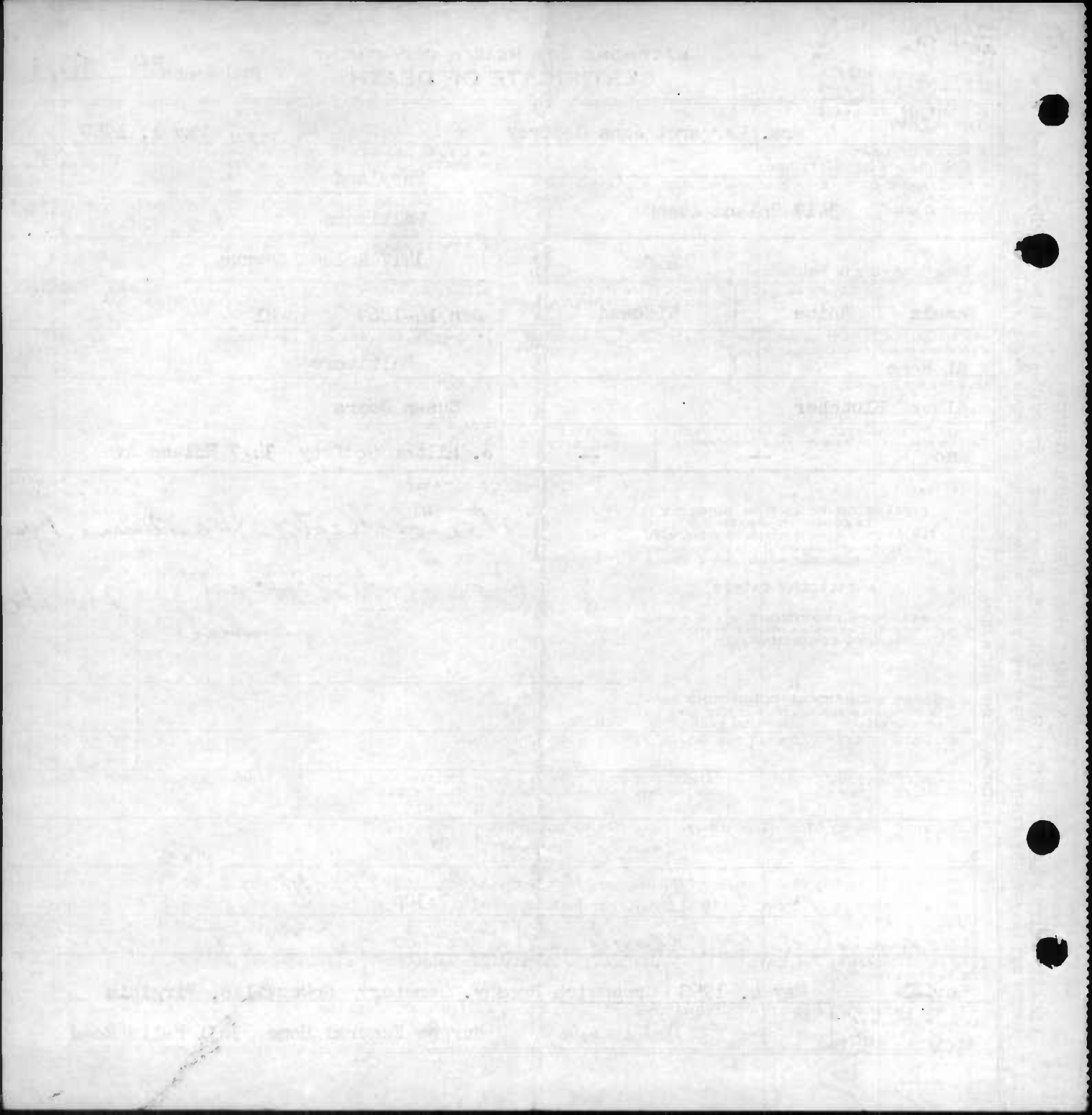
BIRTH No. 50 4071

1. NAME OF DECEASED (Type or Print) Mrs. Margaret Jane Godfrey			2. DATE OF DEATH May 1, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3417 Roland Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3417 Roland Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 14-1869	9. AGE (In years last birthday) 81	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Albert Blutchter			14. MOTHER'S MAIDEN NAME Susan Sears		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. --	17. INFORMANT ADDRESS J. Milton Godfrey 3417 Roland Ave		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive Heart Failure DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10 , 19 49 to May 1 , 19 50 , that I last saw the deceased alive on May 1 , 19 50 and that death occurred at 7:30p m., from the causes and on the date stated above.					
23A. SIGNATURE J. Milton Godfrey		23B. ADDRESS 898 W 36 St		23C. DATE SIGNED 5/2/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 4, 1950	24C. NAME OF CEMETERY OR CREMATORY Greenwich Presby. Cemetery	24D. LOCATION (City, town, or county) (State) Nokesville, Virginia		
DATE RECEIVED BY LOCAL REGISTRAR MAY 3-1950	REGISTRAR'S SIGNATURE Livingston Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4072D-623
50 4072
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>James Frank Dorsett</u>			2. DATE OF DEATH <u>May 1, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>13-28</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3520 Buena Vista Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>35 years</u>			D. STREET ADDRESS (If rural, give location) <u>3520 Buena Vista Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE / MARRIED / WIDOWED / DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>March 3-1897</u>		9. AGE (In years last birthday) <u>53</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Pack Board, Baltimore</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Unknown</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		
16. SOCIAL SECURITY NO. <u>212-09-5013</u>			17. INFORMANT <u>James C. Dorsett</u>		
18. ADDRESS <u>3520 Buena Vista Ave</u>			19. ADDRESS <u>3520 Buena Vista Ave</u>		
19B. 4201			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Disease</u>			(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u>			(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21. DATE OF OPERATION <u>0</u>		
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>Wm. H. Kammer, Jr. M.D.</u>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		
23C. DATE SIGNED <u>May 1, 1950</u>			24. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 4-1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Park</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 3 1950</u>		REGISTRAR'S SIGNATURE <u>Thurston Williams</u>		25. FUNERAL DIRECTOR <u>Burgee Funeral Home</u>	
VS 151		308 98		94a ✓	

THE UNIVERSITY OF CHICAGO
LIBRARY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-325
50 4073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4073

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Addie Virginia Hudson

2. DATE
OF
DEATH

5-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-07

c. Length of stay in Baltimore

Life Time

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3027 Huntington Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 21, 1884

9. AGE (In years last birthday)

65

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William J. Williams

14. MOTHER'S MAIDEN NAME

Emma V. Burns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18. 194X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of thyroid
& metastasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-9-50, 19, to 5-1-50, 19, that I last saw the deceased alive on 5-1-50, 19, and that death occurred at 8:24 am., from the causes and on the date stated above.

23A. SIGNATURE

Alvin Bonaglassi

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 4-1950

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Park Road

CERTIFICATE OF DEATH

Name of Deceased	
Age	
Sex	
Date of Death	
Place of Death	
Cause of Death	
Signature of Physician	
Signature of Registrar	
Date of Registration	

C-615-137266
50 4074

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4074
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) William Edward Carpenter		
2. DATE OF DEATH May 1, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03		
7. STREET ADDRESS (If rural, give location) 342 Bloom Street		
c. Length of stay in Baltimore Life Yrs. Mos. Days		
8. SEX Male	9. COLOR OR RACE Negro	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
11. DATE OF BIRTH Sept. 15, 1889		
12. AGE (In years last birthday) 60		
13. BIRTHPLACE (State or foreign country) Maryland		
14. CITIZEN OF WHAT COUNTRY?		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Writer		
16. KIND OF BUSINESS OR INDUSTRY Restaurant		
17. FATHER'S NAME Jacob Carpenter		
18. MOTHER'S MAIDEN NAME Roberta Smith		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		
20. SOCIAL SECURITY NO. none		
21. INFORMATION Baltimore City Hospitals Records 4940 Eastern Ave.		

18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hepatic Failure CAUSE OF DEATH (A) DUE TO Metastatic Carcinoma Carcinoma of tail of Pancereas (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-12, 1950, to 5-1-50, that I last saw the deceased alive on 5-1, 1950, and that death occurred at 12:10 AM, from the causes and on the date stated above.			
23A. SIGNATURE J. J. Rogers		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-1-50		23D. DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/4/50	
24C. NAME OF CEMETERY OR CREMATORY Catholics Memorial		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Charles Cooper	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

NEW YORK

FILED
JAN 10 1900
NEW YORK

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Married _____

Profession _____

Place of Birth _____

Time of Death _____

Place of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

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Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4075

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELISSA

NICHOLAS

2. DATE
OF DEATH April 30, 19503. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Franklin Square Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-01D. STREET ADDRESS (If rural, give location)
318 N. Stricker St.c. Length of stay in Baltimore 25 yrs5. SEX F6. COLOR OR RACE C7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W.

8. DATE OF BIRTH

1-15-1890

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

n.e

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abram Bellamy

14. MOTHER'S MAIDEN NAME

Agnes Lydion

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Pattie Bradley 2136 N. Howard St.18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

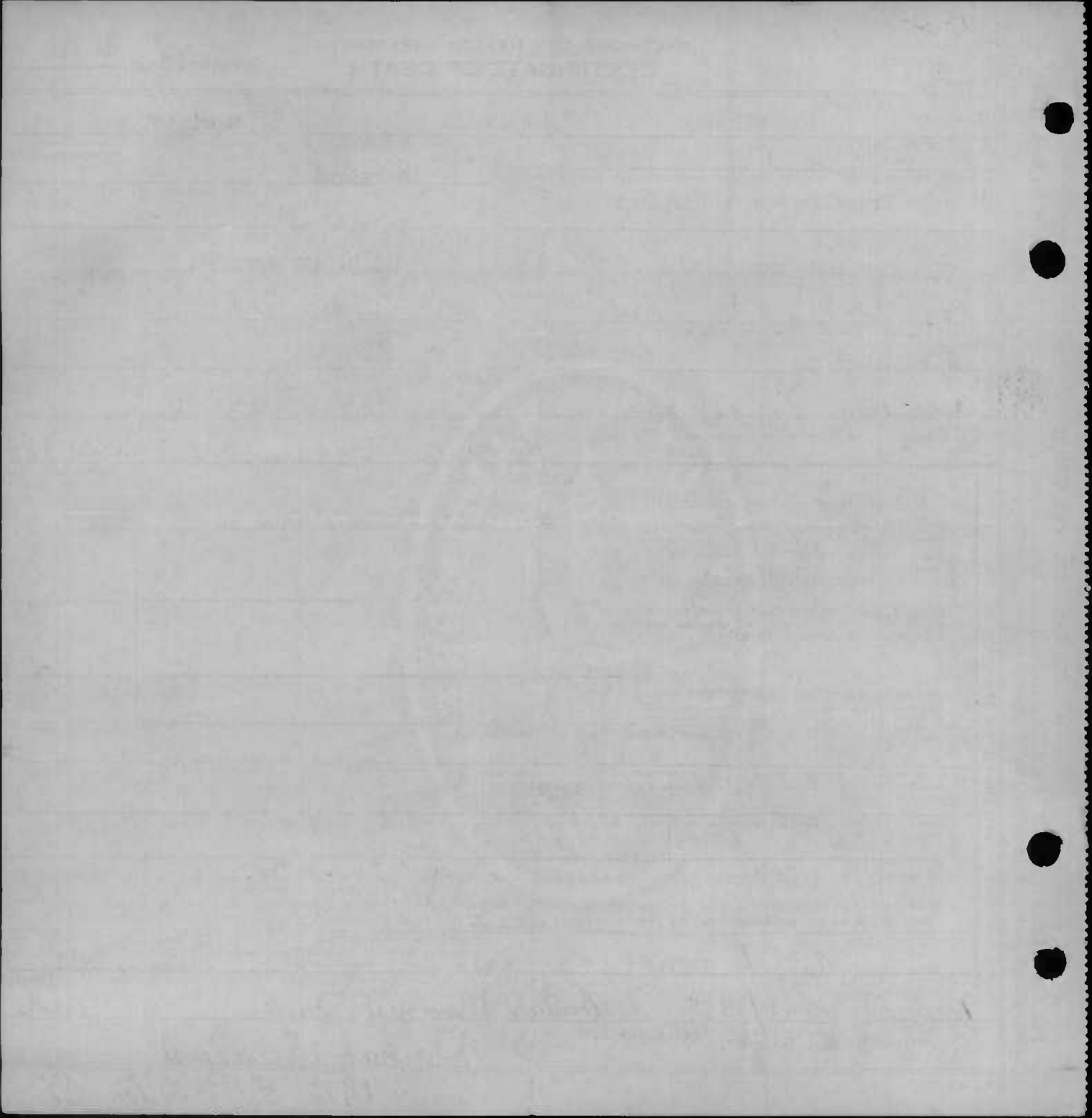
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTERED SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4076

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. George Petroski - Jerzy Petruszewski

2. DATE
OF
DEATH

5/2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

1-02

D. STREET ADDRESS (If rural, give location)

640 S. Docker Ave

c. Length of stay in Baltimore

LIFE 25

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED, DIVORCED

8. DATE OF BIRTH

3/25/1892

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel worker

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Anthony Petroski

14. MOTHER'S MAIDEN NAME

Josephine Szyezyskowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

213-07-3915

17. INFORMANT

ADDRESS

Mrs. Carolyn Candeloro Church Home Hosp

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Renal Dis.

5 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

4 yrs.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertensive Encephalopathy

1 wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from April 21, 1950, to May 2, 1950, that I last saw the
deceased alive on May 2, 1950, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

22A. SIGNATURE

James T. Means

22B. ADDRESS

Church Home Hospital

22C. DATE SIGNED

5/2/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 6 1950

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus

24D. LOCATION (City, town, or county) (State)

German Hill Road Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John J. Duda Inc

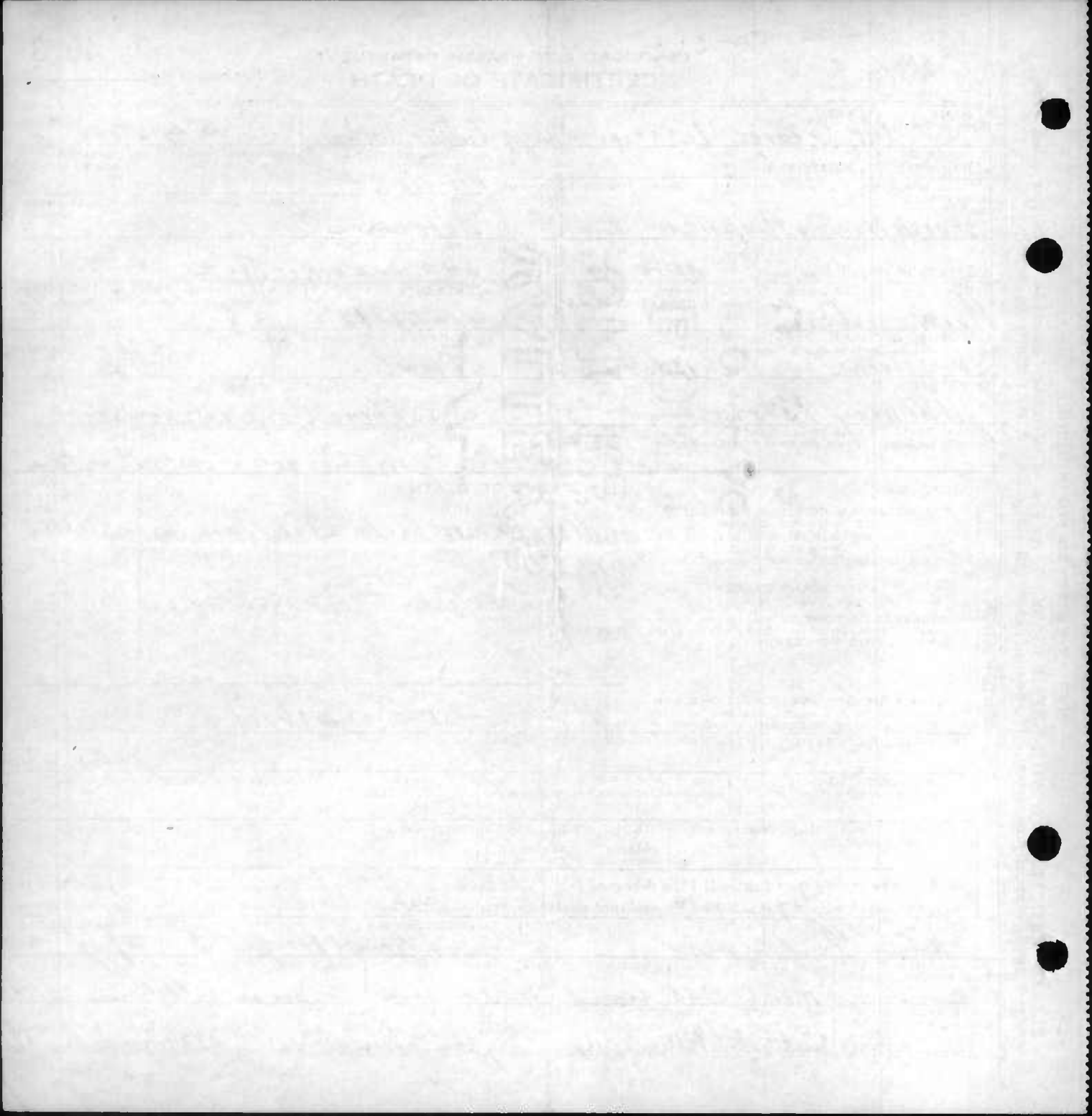
2829 Hudson St

MAY 3 - 1950

VS 150

49629

131a



7-352
50 4077BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4077

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Constance Zielinski</i>		2. DATE OF DEATH <i>May 1 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>811 S. Milton Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-04</i>			
c. Length of stay in Baltimore <i>42 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>811 S. Milton Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb 9 1883</i>	9. AGE (In years; last birthday) <i>67</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>Wozniak</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Andrew Kosinski</i>	
				ADDRESS <i>811 S. Milton Ave</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Hypertensive Cardio Vascular Disease</i> DUE TO (B) <i>Pulmonary edema, Cardiac failure</i> DUE TO (C) <i>Diabetic mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>49</i> , to <i>May 1</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>May 1</i> , 1950, and that death occurred at <i>1:20 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur J. Jaworski</i>		23B. ADDRESS <i>2911 Eastern Ave</i>		23C. DATE SIGNED <i>May 2 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 5 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Dundalk Ave Md</i>		25. FUNERAL DIRECTOR <i>John J. Suda Inc</i>		ADDRESS <i>2829 Hudson St</i>	

VALLEY

CO.

INC.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4078

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MINNIE HOPEWELL			2. DATE OF DEATH April 29, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 927 Eden Street (N.)		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH		9. AGE (In years last birthday) 67 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hagerstown Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Galloway			14. MOTHER'S MAIDEN NAME Martha		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Henry Thompson		

18. **4/20/1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary arteriosclerosis with former myocardial infarction**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
4/29/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

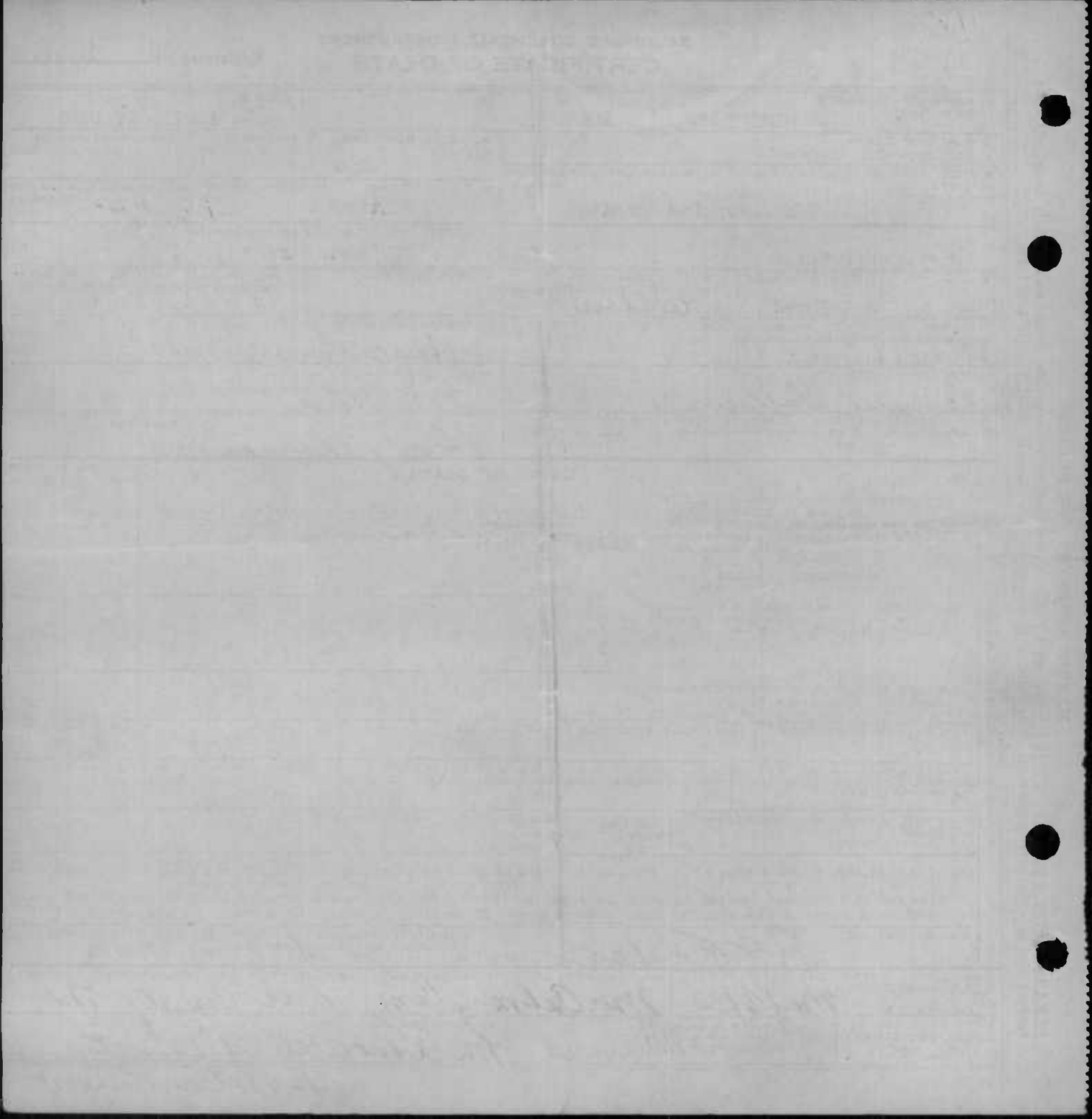
(State)

DATE RECEIVED BY LOCAL REGISTRAR
MAY 3 - 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4079BIRTH NO. 50 1079 50-00708

1. NAME OF DECEASED (Type or Print) <u>Ellis Eugene Smith</u>			2. DATE OF DEATH <u>5-1-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>15-01</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Hospitals</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1334 Fremont Avenue (17)</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 13, 1950</u>	9. AGE (In years last birthday) <u>3 Mos.</u>	10. Under 1 Year Months: <u>3</u> Days: <u>0</u> Hours: <u>0</u> Min: <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Eugene Smith</u>			14. MOTHER'S MAIDEN NAME <u>Elaine Smith</u> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>4940</u> <u>Records* Balto. City Hospitals Eastern Ave</u>		

18. <u>491X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bronchiolitis</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>2</u>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-17</u> , 19 <u>50</u> to <u>5-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-1</u> , 19 <u>50</u> , and that death occurred at <u>10:20 A.M.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>4940 Eastern Avenue</u>		23C. DATE SIGNED <u>5-1-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5-3-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>mt auburn</u>	
24D. LOCATION (City, town, or county) (State) <u>Md</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 3 - 1950</u>			
24F. REGISTRAR'S SIGNATURE <u>[Signature]</u>		24G. FUNERAL DIRECTOR <u>George E. Nelson</u>			
24H. ADDRESS <u>1300 Prentiss St</u>		24I. ADDRESS <u>107</u>			

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 4080

BIRTH NO.

1. NAME OF DECEASED

(Type or Print) PETER HURLEY

2. DATE
OF
DEATH

May 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1110 Parrish Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1110 Parrish Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

May 18, 1882

9. AGE (In years last birthday)

67

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Junk Shop

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Hurley

14. MOTHER'S MAIDEN NAME

Jane Torney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

???

17. INFORMANT

Annie Wright 2201 Pulaski St.

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McClafferty

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/5/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS



137659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4081

50 4081

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Violet R. Gettig

2. DATE
OF
DEATH

5-2-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-10

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

317 S. Clinton Street (24)

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 30, 1883

9. AGE (In years
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(D)

14. MOTHER'S MAIDEN NAME

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Av

18. 420 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 4-29, 1950, to 5-2, 1950, that I last saw the
deceased alive on 5-2-1950, and that death occurred at 10:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-4-50

Oak Lawn

Balto - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

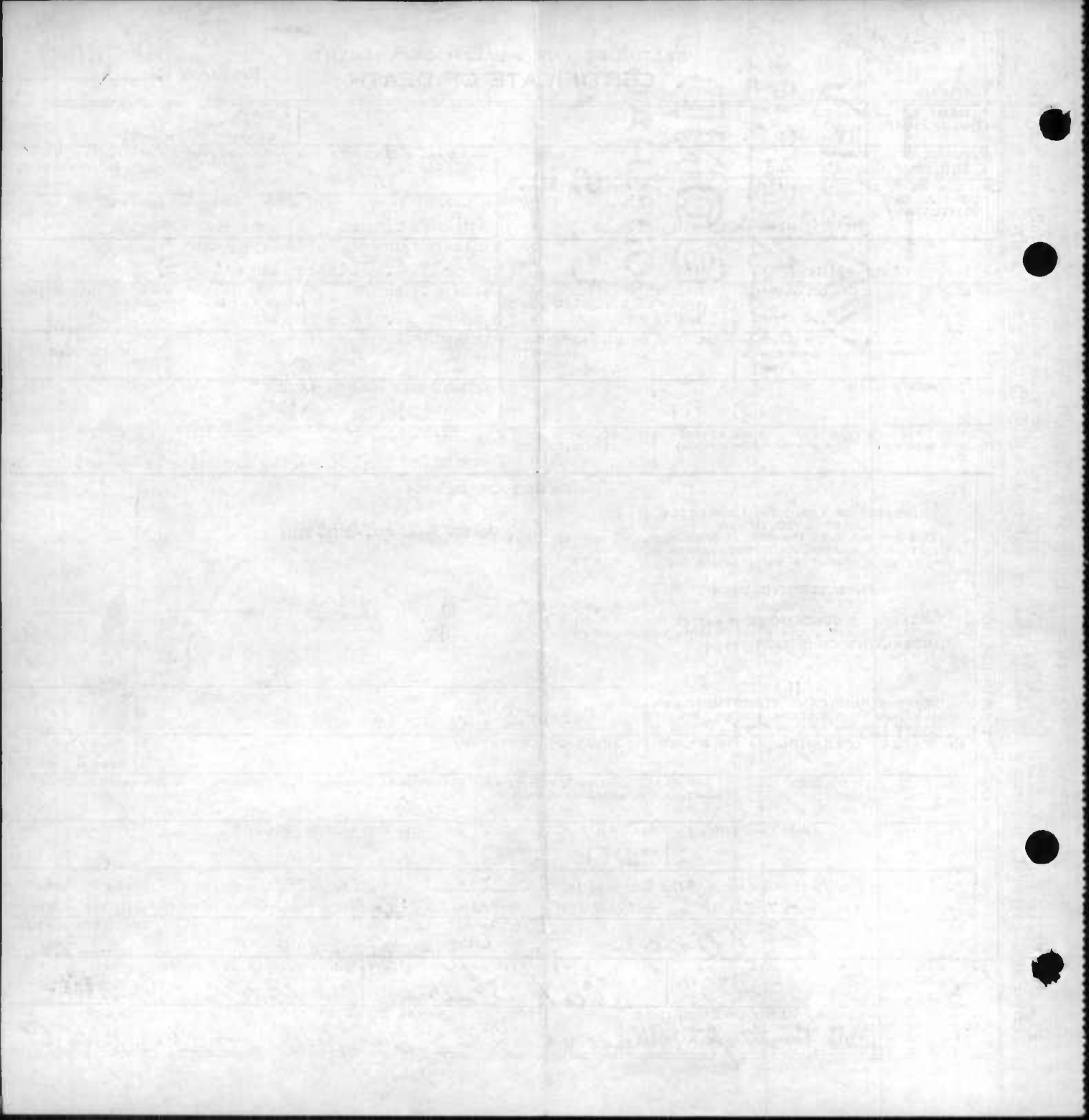
25. FUNERAL DIRECTOR

ADDRESS

MAY 3 - 1950

Huntington Williams, M.D.

Lilly + Zeiler 403 S. N. St.



K-400
50 4082

50 4082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **Emma Kelly** 2. DATE OF DEATH **4/29/1950**

3. PLACE OF DEATH: A. Baltimore City, Maryland **Balto. City** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **IO N. Durham St** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Balto. City** **6-04**

D. STREET ADDRESS (If rural, give location) **IO N. Durham St**

c. Length of stay in Baltimore Yrs. Mos. Days _____

5. SEX **Female** 6. COLOR OR RACE **Col.** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **5/11/1903** 9. AGE (In years; last birthday) **46** If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Domestic** 10B. KIND OF BUSINESS OR INDUSTRY **Hotel Seashore** 11. BIRTHPLACE (State or foreign country) **Baltimore Maryland** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **Charles H. Kelly** 14. MOTHER'S MAIDEN NAME **Maria Kelly**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS **Hattie Kelly 12 N. Durham St**

18. **410X** CAUSE OF DEATH **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **1 yr**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) _____ DUE TO _____

ANTECEDENT CAUSES (B) _____ DUE TO _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Arteriosclerosis, Hypertension** (C) _____

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June** 19**50**, to **4/29**, 19**50**, that I last saw the deceased alive on **4/28**, 19**50**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE **Ralph J. Hanning** M. D. 23B. ADDRESS **1429 E. Monument St** 23C. DATE SIGNED **5/1/50**

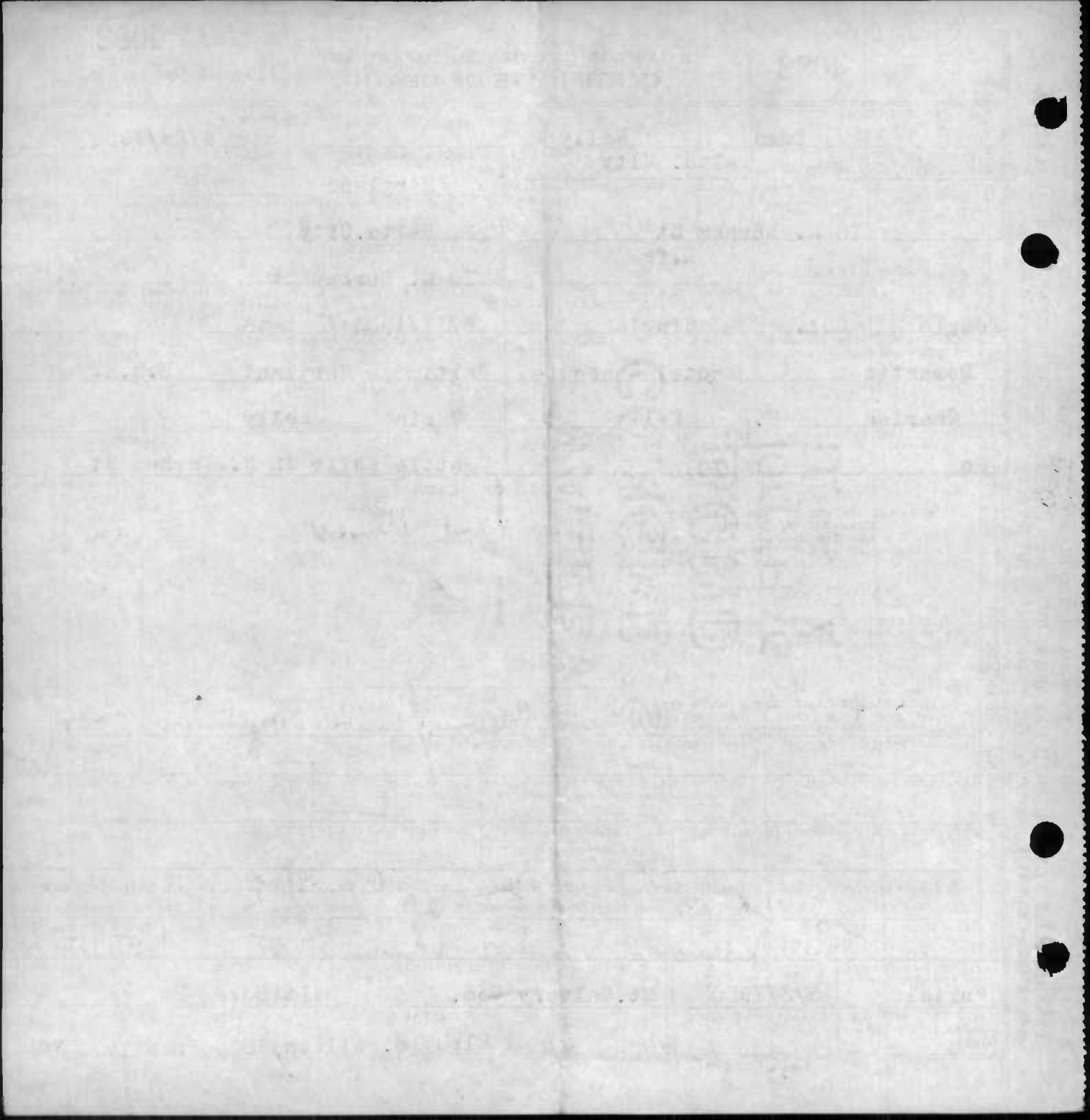
24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **5/3/1950** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Calvary Cem.** 24D. LOCATION (City, town, or county) (State) **Baltimore Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAY 3** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **Elroy O. Wilson 1000 Brantly Ave**

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635
50 4083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4083

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCES ZELMA MARTIN		2. DATE OF DEATH 5/1/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP. 41		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville 5200	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 306 INGLESIDE AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Dec. 15, 1890 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse retired		10B. KIND OF BUSINESS OR INDUSTRY nursing	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME Peter Martin		14. MOTHER'S MAIDEN NAME Clara Maurey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. R. V. Coulehan		ADDRESS 5008 Edgar Terrace	

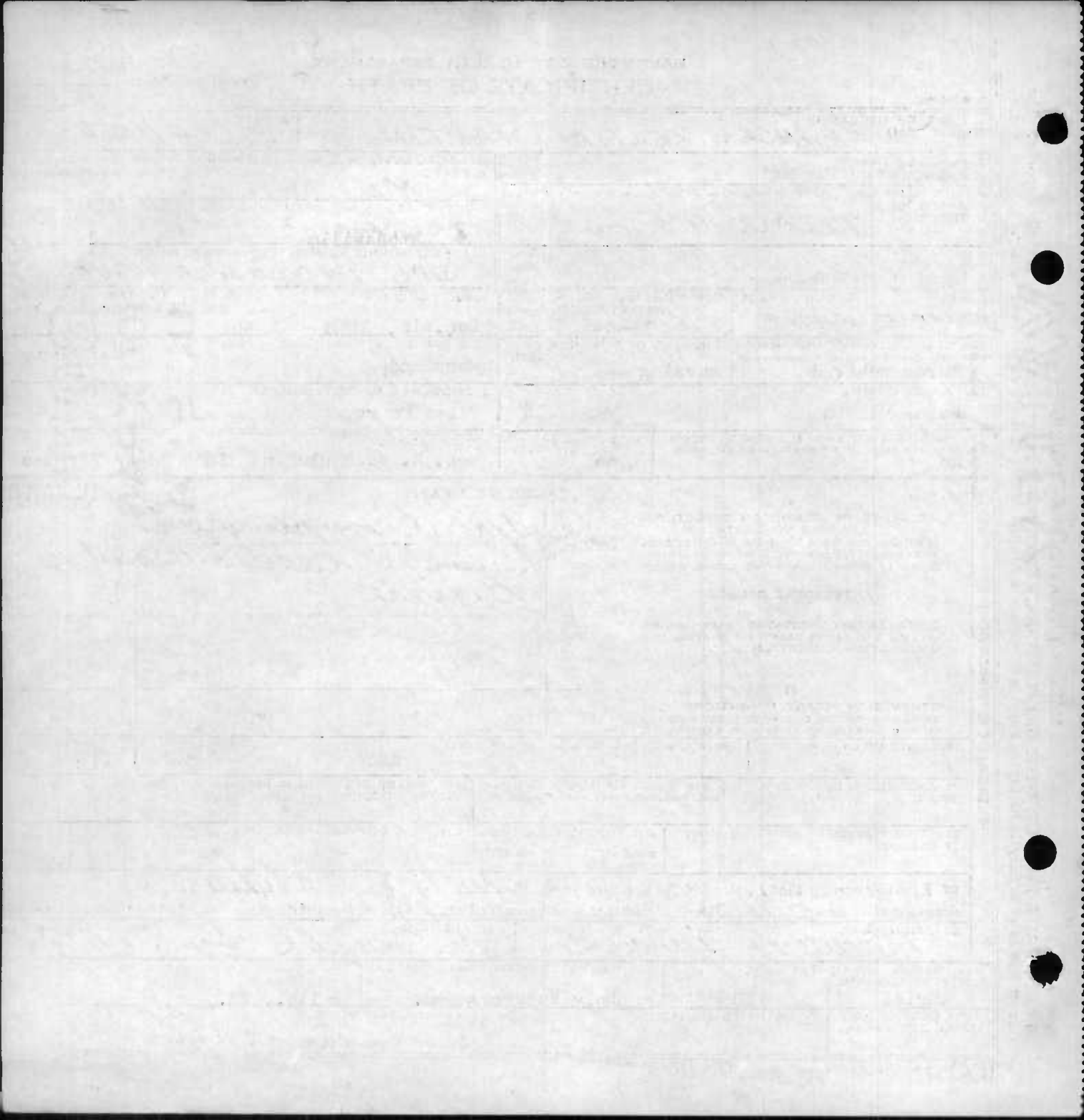
18. 415X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Decompensation DUE TO rheumatic cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/18/50 , to 5/1/50 , 19__, that I last saw the deceased alive on 5/1/50 , and that death occurred at 9:42 m., from the causes and on the date stated above.					
23A. SIGNATURE Maddeus Siviński M. D.		23B. ADDRESS St. Joseph's Hosp.		23C. DATE SIGNED 5/1/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/ /50		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Tichner & Sons		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MAY 3 1950

V3692

93c



T-522 50 4084

50 4084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROZALIA TOMASZKIEWICZ

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 130 S. PATTERSON PKAY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 1-05

c. Length of stay in Baltimore

47 years

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

130 S. Patterson Park ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

aug 1866

9. AGE (In years
last birthday)

83 74

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 3600

Mrs. Rose Jagodzinski Gibbons ave

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) GANGRENE, LEFT LEG

4/15/50

DUE TO

ANTECEDENT CAUSES

(B) GENERALIZED ARTERIO SCLEROSIS

???

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 20, 1950, to MAY 1, 1950, that I last saw the
deceased alive on MAY 1, 1950, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Drunga

M. D.

23B. ADDRESS

209 S. Chester St

23C. DATE SIGNED

May 2, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 5, 1950 Holy Rosary

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Balto county

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mary Weber 401 S. Chester

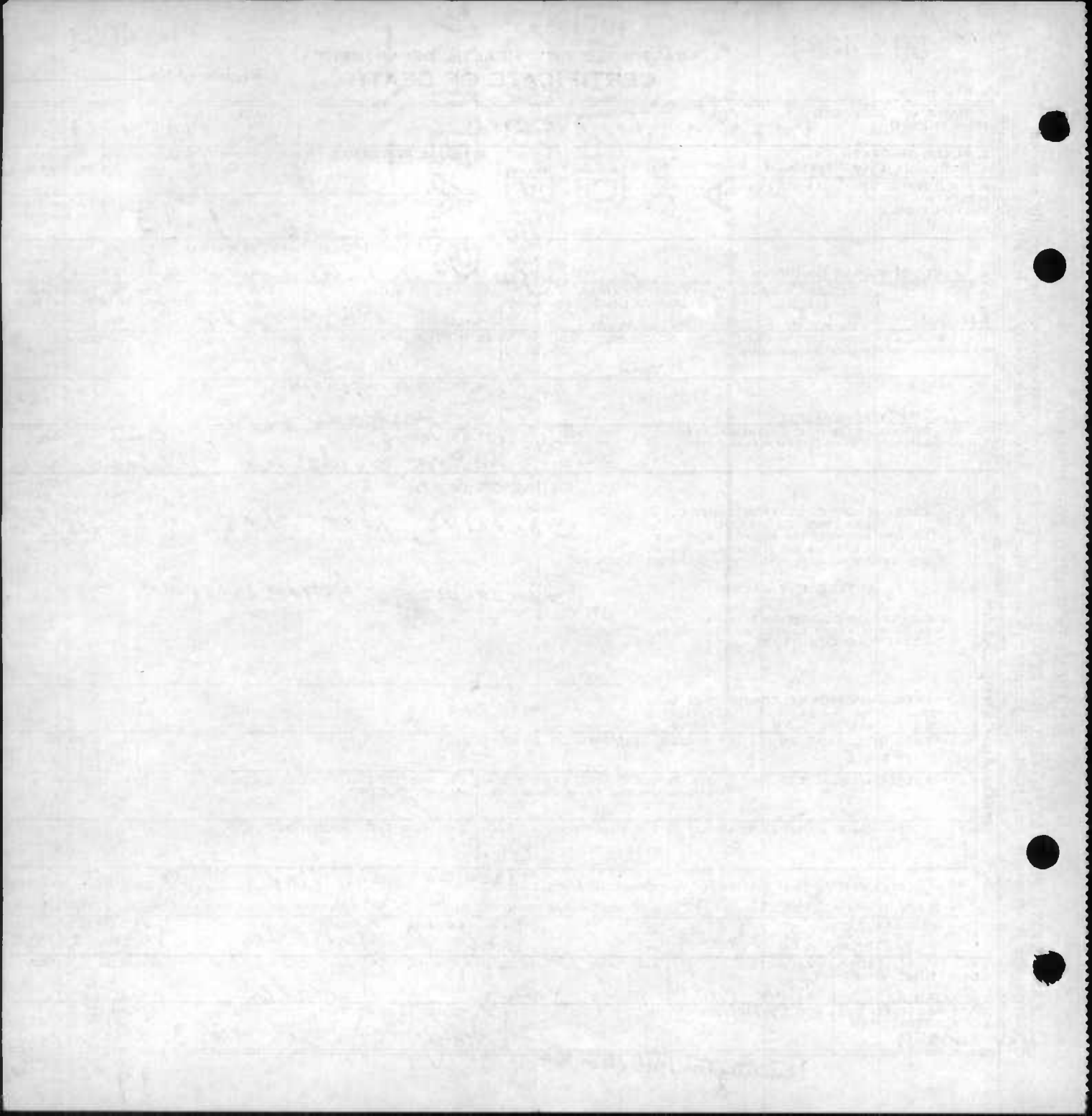
VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



L-263
50 4085Lechert
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4085
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew A. Lechert

2. DATE
OF
DEATH

May 2 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4219 La Salle ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-00

c. Length of stay in Baltimore

59

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4219 La Salle ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 22 1890

9. AGE (In years
last birthday)

59

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Wm. C. Sherrer Mill work

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Walenty Lechert

14. MOTHER'S MAIDEN NAME

Agnes Gadek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-10-6403

17. INFORMANT

Mrs. Elizabeth Lechert 4219 La Salle ave

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bronchogenic Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

of Lung

(C)

INTERVAL BETWEEN
ONSET AND DEATH

May 25/50

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☐ WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 3-25, 1950, to 5-2, 1950, that I last saw the
deceased alive on 5-1-, 1950, and that death occurred at 1:58 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Schimmuck

M. D.

23B. ADDRESS

842 S. East Ave

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 5 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cemetery

24D. LOCATION (City, town, or county)

Baltimore County

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John M. Weber 401 S. Chester Street

ADDRESS

MAY 3 1950

30809

47c

100

RECEIVED
OFFICE OF THE
COMMISSIONER OF
DEVELOPMENT

100

[Faint, illegible text and markings covering the majority of the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 50 4086

BIRTH NO. 50 4086

1. NAME OF DECEASED (Type or Print) WILLIAM JENKINS		2. DATE OF DEATH April 29, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1038 Asquith Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1858
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY BRICKYARD	9. AGE (In years last birthday) 91 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS ARCHIE NELSON 1038 ASQUITH ST.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>P. C. Nelson</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED 5-1-50

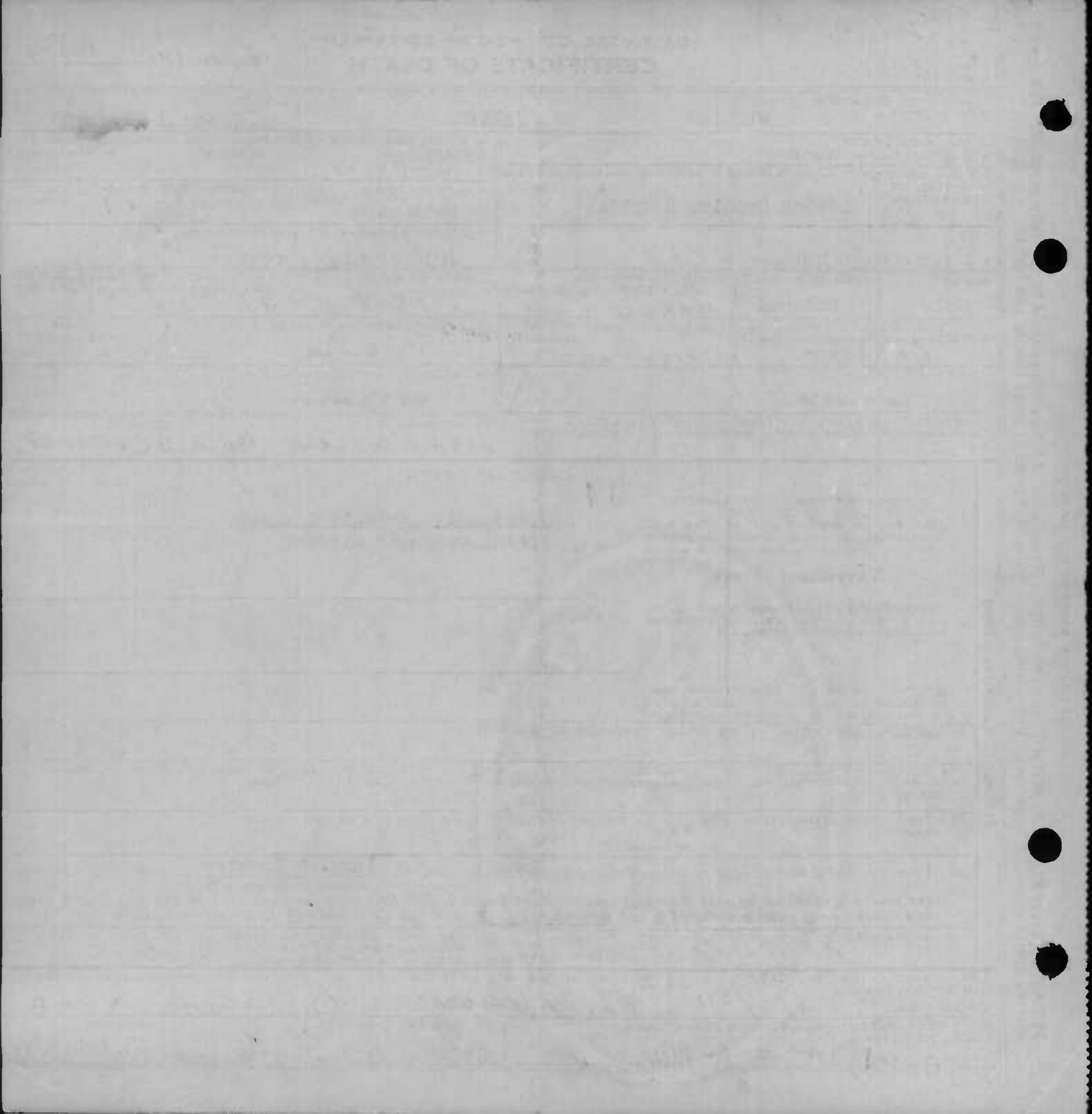
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5/4/50	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore MD
DATE RECEIVED BY LOCAL REGISTRAR MAY 3 - 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Charles A. Rice - 661 W. BARRE ST.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

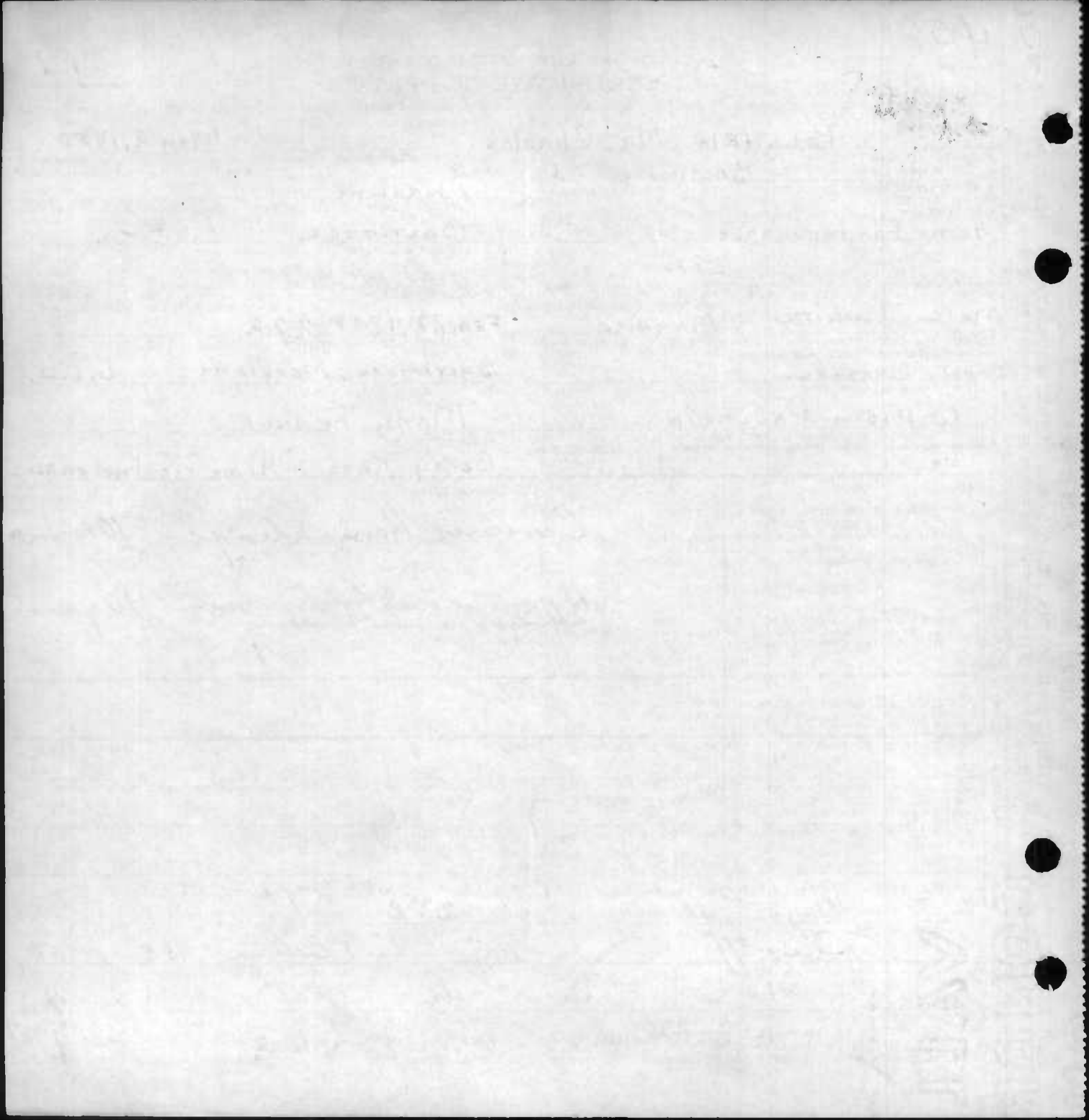
VS 151

93D ✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4087
Registered No. _____P-450
50 4087
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) POLLHEIN, Mr. Charles			2. DATE OF DEATH May 2, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, Md			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incurables - 700 W. 40th ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-07		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 700 W. 40th ST.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 22, 1878	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Marshall			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME William Pollhein			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Betsy Ross - Home for Incurables			ADDRESS		
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Hypertensive and Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 10 hours 10 years +		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1st 1950, to May 2nd 1950, that I last saw the deceased alive on May 2nd 1950, and that death occurred at 2:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. P. Wolf		23B. ADDRESS 11 E. Chase St. Baltimore 2, Md		23C. DATE SIGNED 5/2/1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/5/50		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Okm. J. Lickner & Sons - Baltimore		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4088

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH SARAH SADLER

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4668 Pimlico Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

4668 Pimlico Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 21, 1883

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. J.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Stillwell

14. MOTHER'S MAIDEN NAME

Matilda Estell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. William L. Sadler 4668 Pimlico Rd.

18. 434.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Arthritis

14 mos
relapse

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac De-Compensation

Unknown

II

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK22. I hereby certify that I attended the deceased from 5-1-, 1950, to 5-1-, 1950 that I last saw the
deceased alive on 5-1-, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

C. B. Exner

M. D.

23B. ADDRESS

7201 Gork Rd.

23C. DATE SIGNED

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 3 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickner & Sons

ADDRESS

Baltimore, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

INVESTIGATION REPORT

DATE: 10/10/1950

REPORT NO. 1000

REPORT OF THE STATE DEPARTMENT OF HEALTH

REPORT OF THE STATE DEPARTMENT OF HEALTH

REPORT OF THE STATE DEPARTMENT OF HEALTH

REPORT OF THE STATE DEPARTMENT OF HEALTH

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REPORT OF THE STATE DEPARTMENT OF HEALTH

REPORT OF THE STATE DEPARTMENT OF HEALTH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **JESSE SIMON FLEEAL**

2. DATE
OF DEATH **May 2, 1950**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **25-04**

707 Patapsco Avenue

D. STREET ADDRESS (If rural, give location)
707 Patapsco Avenue

c. Length of stay in Baltimore **7** Yrs. Mos. Days

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

April 8, 1882

9. AGE (In years last birthday)
68

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Coal Mining Co.

11. BIRTHPLACE (State or foreign country)

Coalmont Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John E. Fleeal

14. MOTHER'S MAIDEN NAME

Sarah Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

✓

17. INFORMANT

J. W. Puccia

18. **3533**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Asphyxia**
DUE TO **epileptic seizure**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

707 Patapsco Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 2, 1950

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
seizure
Fell face downward into pillow during

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/6/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Altoona, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 3 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

James H. Lyons

ADDRESS

4001 Ritchie Hwy.

\$5

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of burial place		18. Signature of interment		19. Signature of burial place		20. Signature of interment	
21. Signature of burial place		22. Signature of interment		23. Signature of burial place		24. Signature of interment	
25. Signature of burial place		26. Signature of interment		27. Signature of burial place		28. Signature of interment	
29. Signature of burial place		30. Signature of interment		31. Signature of burial place		32. Signature of interment	
33. Signature of burial place		34. Signature of interment		35. Signature of burial place		36. Signature of interment	
37. Signature of burial place		38. Signature of interment		39. Signature of burial place		40. Signature of interment	
41. Signature of burial place		42. Signature of interment		43. Signature of burial place		44. Signature of interment	
45. Signature of burial place		46. Signature of interment		47. Signature of burial place		48. Signature of interment	
49. Signature of burial place		50. Signature of interment		51. Signature of burial place		52. Signature of interment	
53. Signature of burial place		54. Signature of interment		55. Signature of burial place		56. Signature of interment	
57. Signature of burial place		58. Signature of interment		59. Signature of burial place		60. Signature of interment	
61. Signature of burial place		62. Signature of interment		63. Signature of burial place		64. Signature of interment	
65. Signature of burial place		66. Signature of interment		67. Signature of burial place		68. Signature of interment	
69. Signature of burial place		70. Signature of interment		71. Signature of burial place		72. Signature of interment	
73. Signature of burial place		74. Signature of interment		75. Signature of burial place		76. Signature of interment	
77. Signature of burial place		78. Signature of interment		79. Signature of burial place		80. Signature of interment	
81. Signature of burial place		82. Signature of interment		83. Signature of burial place		84. Signature of interment	
85. Signature of burial place		86. Signature of interment		87. Signature of burial place		88. Signature of interment	
89. Signature of burial place		90. Signature of interment		91. Signature of burial place		92. Signature of interment	
93. Signature of burial place		94. Signature of interment		95. Signature of burial place		96. Signature of interment	
97. Signature of burial place		98. Signature of interment		99. Signature of burial place		100. Signature of interment	

B-516

50 4090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4090

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Anna ^{Ross} Bamberger2. DATE
OF
DEATH

5/2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION38 University Hospital 74 Yrs.
Mos.
DaysC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-01

D. STREET ADDRESS (If rural, give location)

824 N. Calvert St.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

74

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Ross

14. MOTHER'S MAIDEN NAME

Ann Wren

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

E. C. Bamberger 1710 South Road

18. 4221 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

DUE TO

(A) Dry gangrene of lower Extremities
Emboli.

DUE TO

(B) Vascular Occlusion
Arterial Sclerosis
Venous

DUE TO

(C) Atherosclerotic C-V Disease
Hypertension - TreatedINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1950 to 5-2, 1950, that I last saw the
deceased alive on 5-2, 1950, and that death occurred at 5:32 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John A. D. Gibbons M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/2/50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

5/3/50 New Cathedral

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

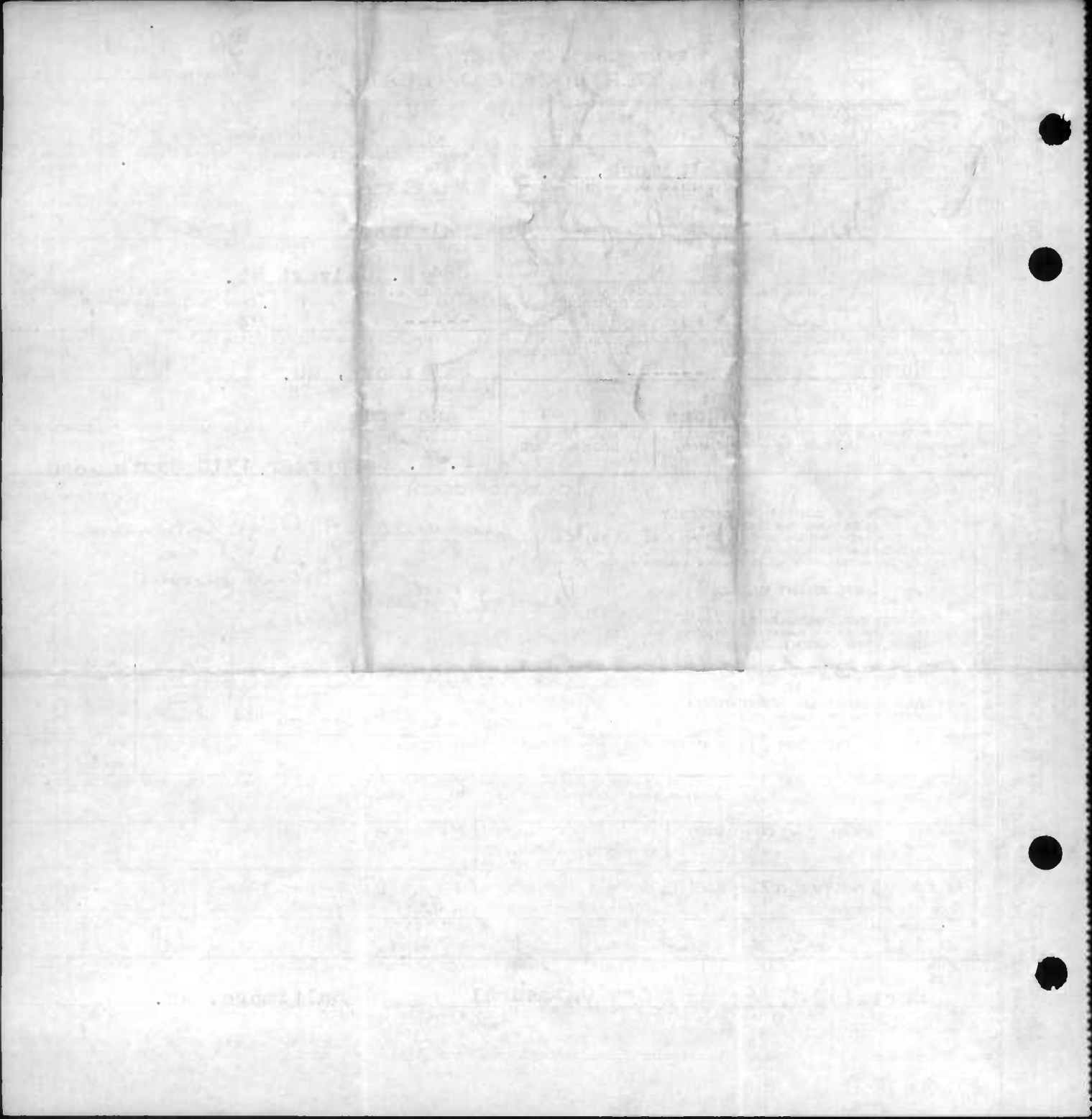
ADDRESS

K. W. Meeks 2400 South 805 N. Calvert St.

VS 150

MAY 3 - 1950

6313



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4091

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Albert HAUFF (HAUF)

2. DATE
OF
DEATH

5-2-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

WEST BALTIMORE GENERAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 5300

c. Length of stay in Baltimore

LIFE

D. STREET ADDRESS (If rural, give location)

3627 OAK AVE

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 19, 1897

9. AGE (In years,
last birthday)

52

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PIPE FITTER

10B. KIND OF BUSINESS OR
INDUSTRY

BOILERS

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

ALBERT J. HAUF

14. MOTHER'S MAIDEN NAME

CATHERINE DONLON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

216-01-0740

17. INFORMANT

ADDRESS

MARINE E. HAUF 3627 OAK AVE.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral thrombosis - progressive
Cerebral arterio sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arterio -
sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

A. S. Heart disease - Coronary
artery disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from April 30, 1950, to May 2, 1950, that I last saw the
deceased alive on May 2, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leonard Tucker MD West Baltimore 5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

BALTO. County

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1950

Huntington Williams, MD

Geo. L. Schwab 2101 Frederick Ave

WASHINGTON, D. C.

January 1, 1912

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the

proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

W. A. RORER, Secretary.

Very truly yours,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

6-9-50

Duplicate

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4092

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD WOODEN (WOODS)

2. DATE
OF
DEATH

3/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

533 W Hoffman

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

63 yrs.

9. AGE (In years
last birthday)

63 yrs.

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 493 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Undetermined
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Pneumonia
DUE TO

(C) Malnutrition

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1950, to 3/5, 1950, that I last saw the deceased alive on 3/5, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes

M. O.

23B. ADDRESS

Provident

23C. DATE SIGNED

3/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-9-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

UNIVERSITY MEDICAL SCHOOL MAY 2 1950

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

Chas. G. Cooper

RECEIVED

MAY 2 1950

Chief Medical Examiner's Office

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4093
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARZA A. Somers

2. DATE
OF
DEATH

5-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 24-03

D. STREET ADDRESS (If rural, give location)

116 E HAMBURG ST.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

116 E HAMBURG ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 5, 1890

9. AGE (In years last birthday)

60

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FURNITURE FINISHER

10B. KIND OF BUSINESS OR INDUSTRY

Retail Store

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

AUGUSTUS Somers

14. MOTHER'S MAIDEN NAME

JULIA WARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs MARGARET Somers 116 E HAMBURG ST.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *January 1948* to *May 1, 1950*, that I last saw the deceased alive on *May 1, 1950* and that death occurred at *4:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Spencer Miller

M. D.

23B. ADDRESS

1225 Charles ST

23C. DATE SIGNED

5/3/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-4-50

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

ANNAPOLIS Blvd, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John F. Denny, Inc. 715 LIGHT ST.

ADDRESS

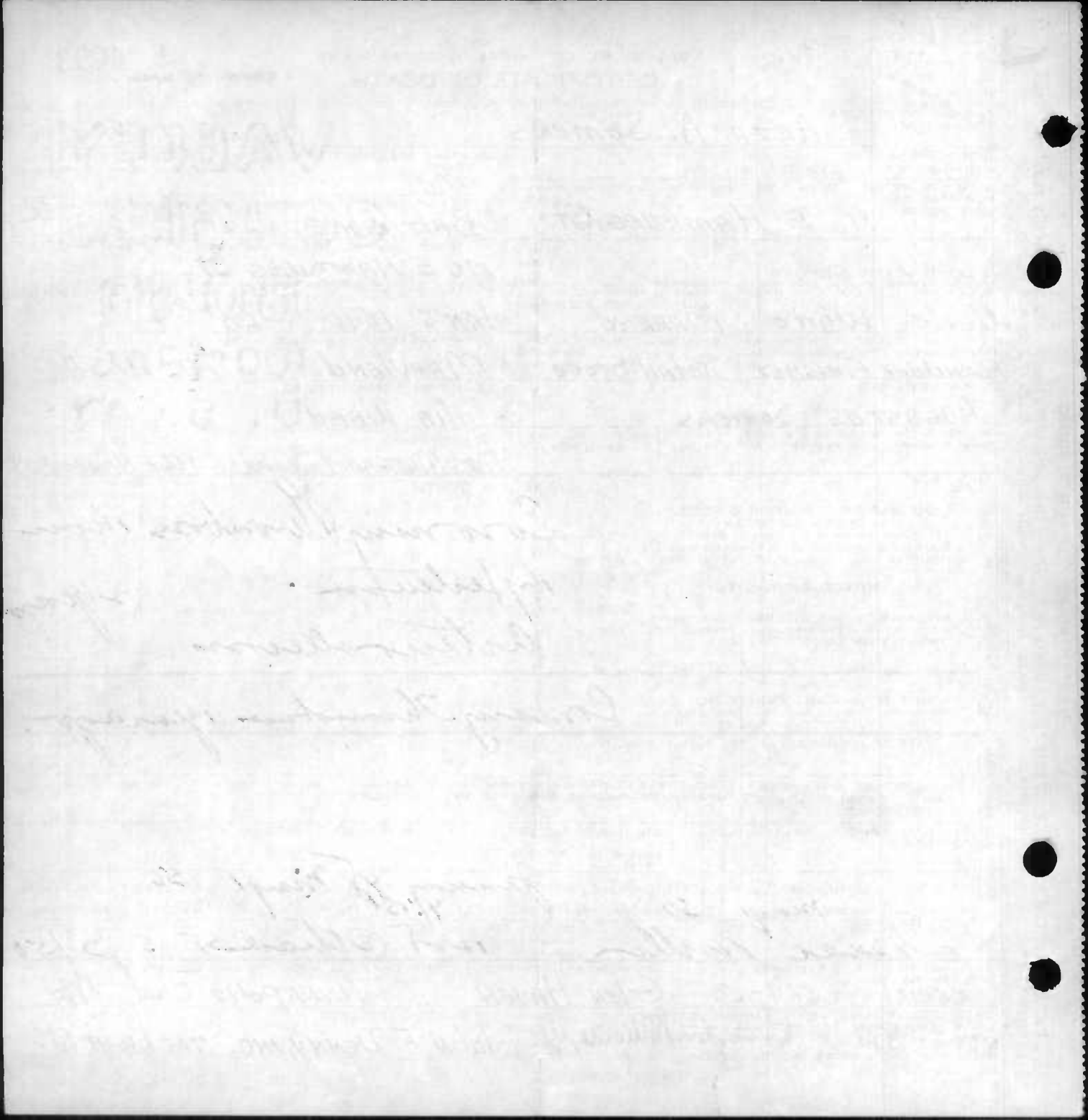
VS 150

45867

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-400
ES-137316

50 4094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4094

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Francis Kelley

2. DATE
OF
DEATH

4-20-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

31 Baltimore City Hospitals

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B. Hotel, 811 E. Baltimore St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

Nov. 22, 1885

9. AGE (In years last birthday)

64

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Joseph Kelley

14. MOTHER'S MAIDEN NAME

Mary Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave.

18. 002 X 150 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Iniation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

(B) Pulmonary Tuberculosis

DUE TO

II

(C) Carcinoma of esophagus, Pyloric Stenosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-14, 1950, to 4-20, 1950, that I last saw the deceased alive on 4-20, 1950, and that death occurred at 12:40 A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

4-26-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 3 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1950

Wilmington Williams, M.D.

Commissioner of Health

GERMANY'S OF DEATH

1941-1942

1941-1942

1941-1942

50 4095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4095

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nicholas Gibbs

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2116 N. Howard St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

2116 N. Howard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 12-07

D. STREET ADDRESS (If rural, give location)

2116 N. Howard St.

c. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 1, 1876

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Balto. Co. md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Nicholas Gibbs

14. MOTHER'S MAIDEN NAME

Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-24-8313

17. INFORMANT

Mrs. Emma Johnson, 2116 N. Howard St.

ADDRESS

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Indec. Cerebral Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Ram. E. Johnson

23B. ADDRESS

2329 - Guilford L.

23C. DATE SIGNED

May 4, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/7/50

24C. NAME OF CEMETERY OR CREMATORY

(Arlington) A.M. E. Chapel

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4 - 1950

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

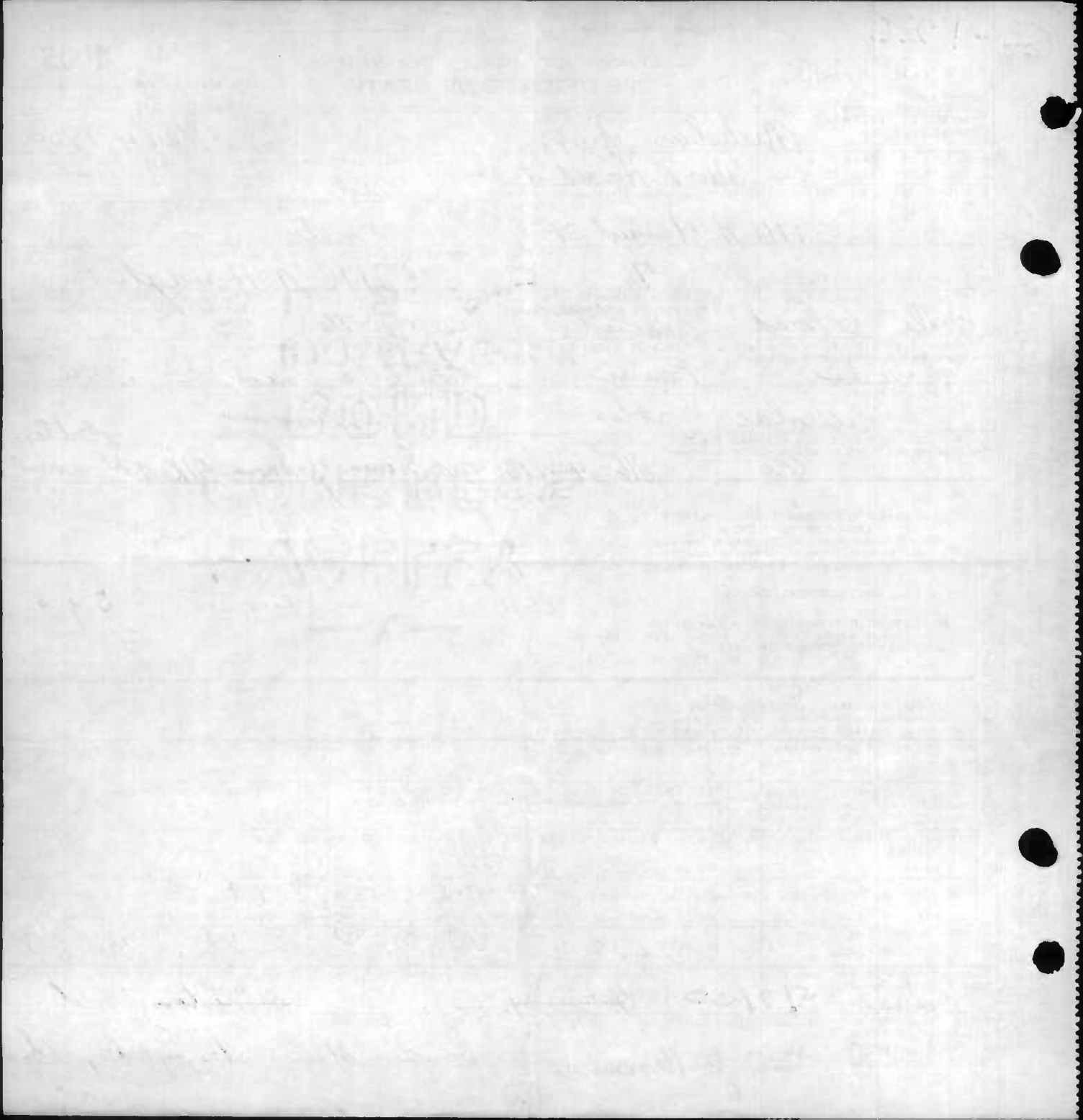
25. FUNERAL DIRECTOR

Samuel M. Brooks, Sparks, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. <u>49-24386</u>		50 4096	
1. NAME OF DECEASED (Type or Print) <u>MARSHA SUE BUSSARA</u>		2. DATE OF DEATH <u>5-3-50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>MD</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3821 Roland View Ave Baltimore 15-12</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore <u>5</u> Mos. <u>3821 Roland View Ave</u> Days		D. STREET ADDRESS (If rural, give location)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 10, 1949</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <u>5</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <u>William E. Bussard</u>		14. MOTHER'S MAIDEN NAME <u>Toby Sklar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>William Bussard</u> ADDRESS <u>same</u>
18. <u>751X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Cerebral Anoxia with 3 mos. Convulsions</u> (B) <u>Craniorachyochisis (Spina Bifida)</u> (C)	
19A. DATE OF OPERATION <u>Dec. 20, 1949</u>		19B. MAJOR FINDINGS OF OPERATION <u>Spina Bifida</u>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 10</u> , 19 <u>49</u> , to <u>May</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 1</u> , 19 <u>50</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>Israel P. Menachki</u>		23B. ADDRESS <u>3354 Oakfield Ave</u>	
23C. DATE SIGNED <u>May 4, 1950</u>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5-4-50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Hebrew Mt Carmel</u>		24D. LOCATION (City, town, or county) <u>Balt, Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 4 - 1950</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, MD</u>	
25. FUNERAL DIRECTOR <u>Jack Lewis Inc</u>		ADDRESS <u>2100 Eutan Pl</u>	

Merousky
3354 Orfield Ave
Cor Cedardale
8-9

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 4097

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SARAH ISSACSON

2. DATE
OF
DEATH

MAY 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

WEST BALTIMORE GEN. HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

2704 Oakley Ave

46
c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

55

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elehouon

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Samuel Isaacson

ADDRESS

Same

18. 42-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIOVASCULAR
DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PYELO NEPHRITIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from MAY 1, 1950, to MAY 3, 1950, that I last saw the deceased alive on MAY 3, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Colombo

23B. ADDRESS

W 14 St.

23C. DATE SIGNED

5/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-4-50

24C. NAME OF CEMETERY OR CREMATORY

Beth Israel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 4 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Inc. 2100 Eutan Pl

ADDRESS

100-100000

CENTRAL BANK OF DENMARK

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Robert Barman*2. DATE
OF
DEATH*5-3-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Sumner*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-03

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2004 Welkens Ave

5. SEX

Male

6. COLOR OF RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Single*

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.*20*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Sign Painter*10B. KIND OF BUSINESS OR
INDUSTRY*May Co*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

*Sarah*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Samuel Barman Lane*18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) *Hypertension Encephalopathy*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Malignant Hypertension Cardio-*
vascular disease
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from *5/2*, 19*50*, to *5/3*, 19*50*, that I last saw the
deceased alive on *5/0*, 19*50*, and that death occurred at *1:15 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaher

23B. ADDRESS

Sumner Way

23C. DATE SIGNED

*5/3/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

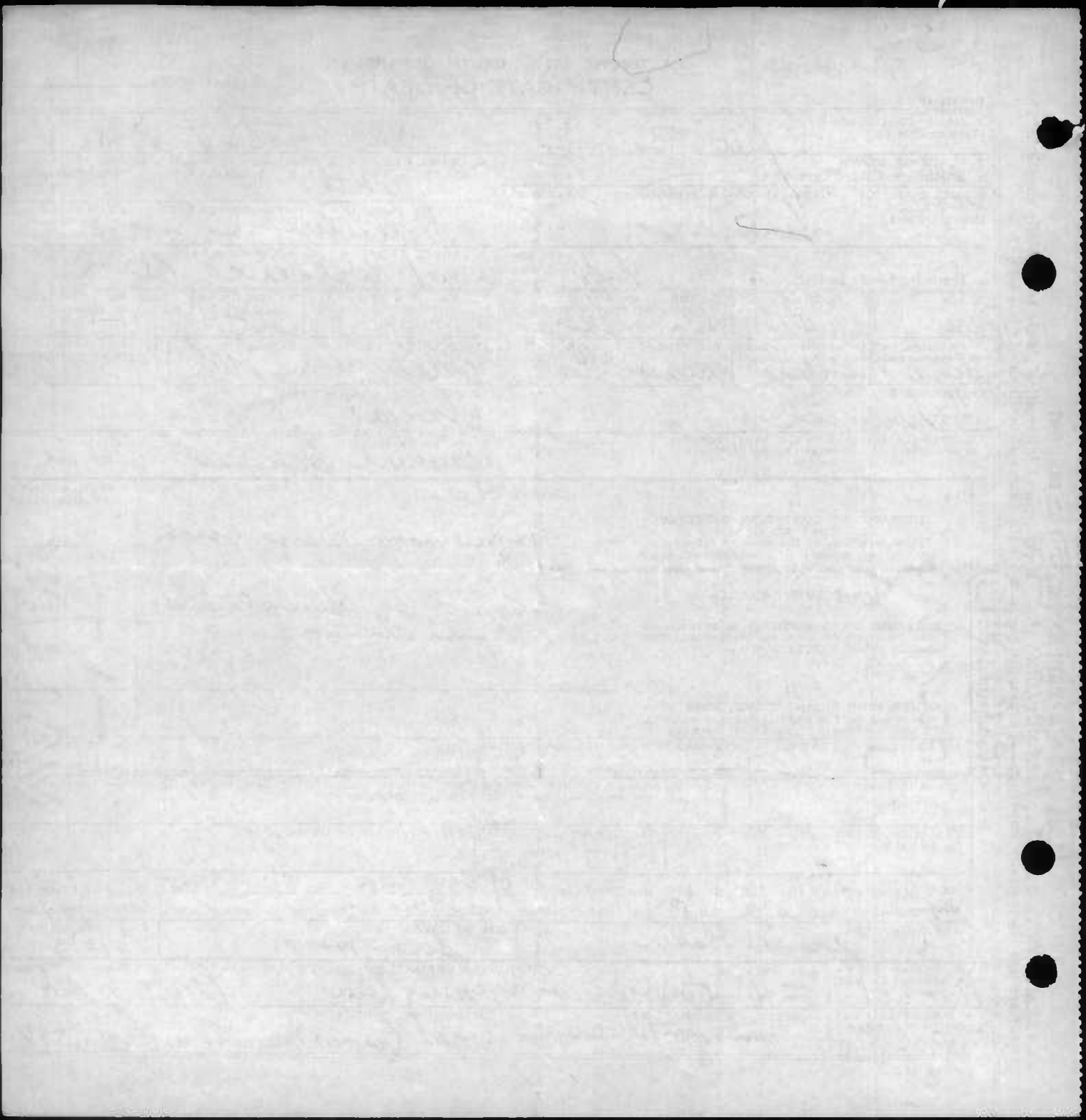
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**5-4-50**Hebrew Hebrew Burial**Balto Md**MAY 4 - 1950**Huntington Williams, Md**Jack Lewasche**2100 Easton Pl*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MELVILLE

L.

HITTENTHAL

MITTENHAL (djm)

2. DATE
OF DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-20

D. STREET ADDRESS (If rural, give location)

6102 Park Heights Avenue

c. Length of stay in Baltimore

20

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

42

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Men's Store

11. BIRTHPLACE (State or foreign country)

Troy New York

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Tillie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-01-0894

17. INFORMANT

ADDRESS

Nellie Mittenhal - 6102 Park Heights Ave

18.

E902.6

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple fractures of skull, vertebral column, and ribs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

Department Store

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

124 W. Lombard Street

4/1

21D. TIME (Month) (Day) (Year) (Hour)

May 3, 1950

8:05 A. M.

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell, jumped, or was pushed from window

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-4-50

24C. NAME OF CEMETERY OR CREMATORY

Beth Tylor

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc - 2100 Eutaw

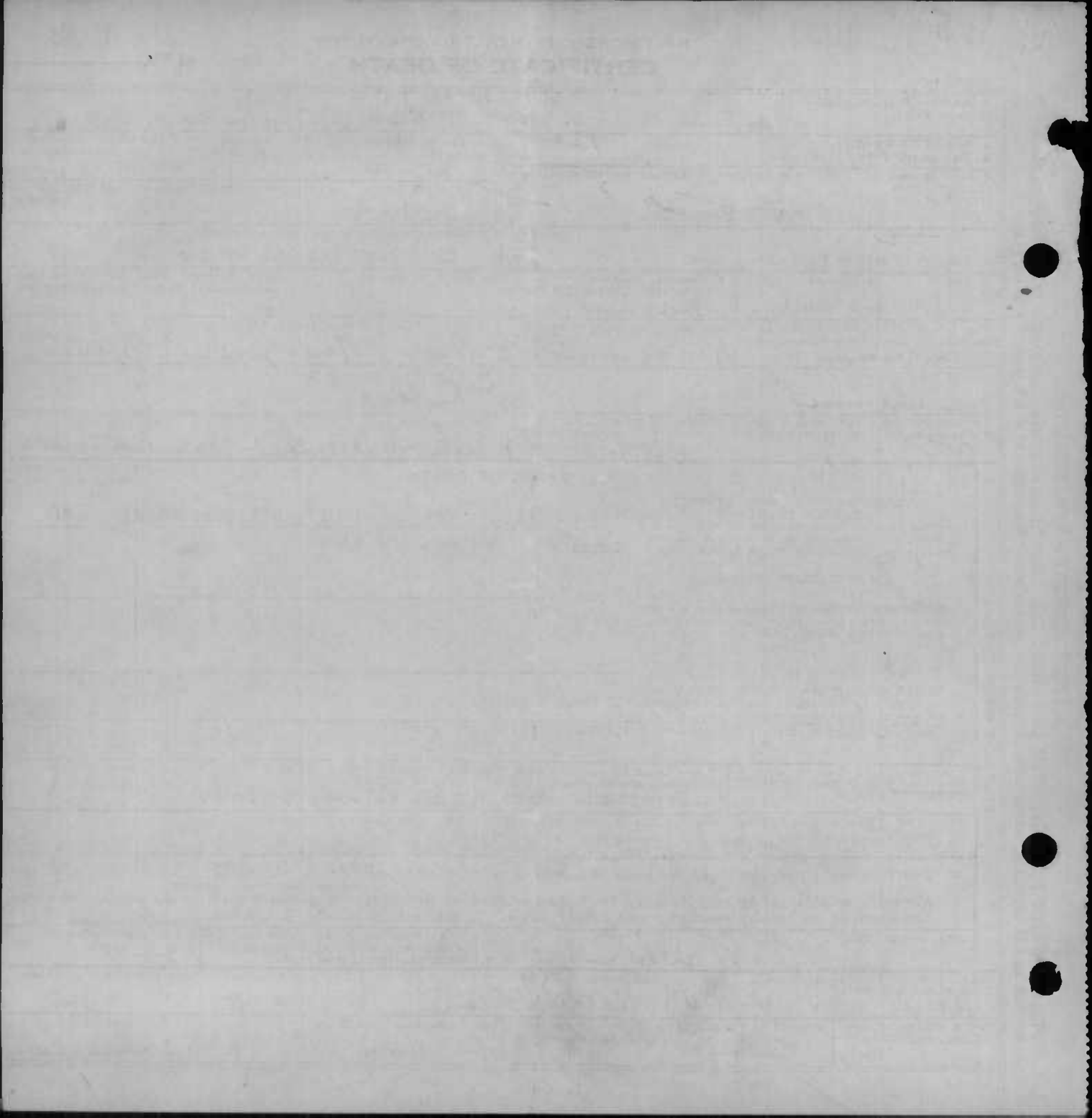
ADDRESS

VS 151

N-8042

29865

186a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4100

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN Lipnick

2. DATE
OF
DEATH

5-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-18

D. STREET ADDRESS (If rural, give location)

5216 ParkHeights Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 21, 1889

9. AGE (In years

last birthday)

60

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hardware Business Own

10B. KIND OF BUSINESS OR INDUSTRY

Business

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Lipnick

14. MOTHER'S MAIDEN NAME

Meriam Wolk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Lipnick

ADDRESS

5216 ParkHeights Ave

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

PORTAL CIRRHOSIS
Pulmonary Edema

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-26, 1950 to 5-3, 1950, that I last saw the deceased alive on 5-3, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Koz

M. O.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 4, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew "ashington Rd Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Levinson & Sons

ADDRESS

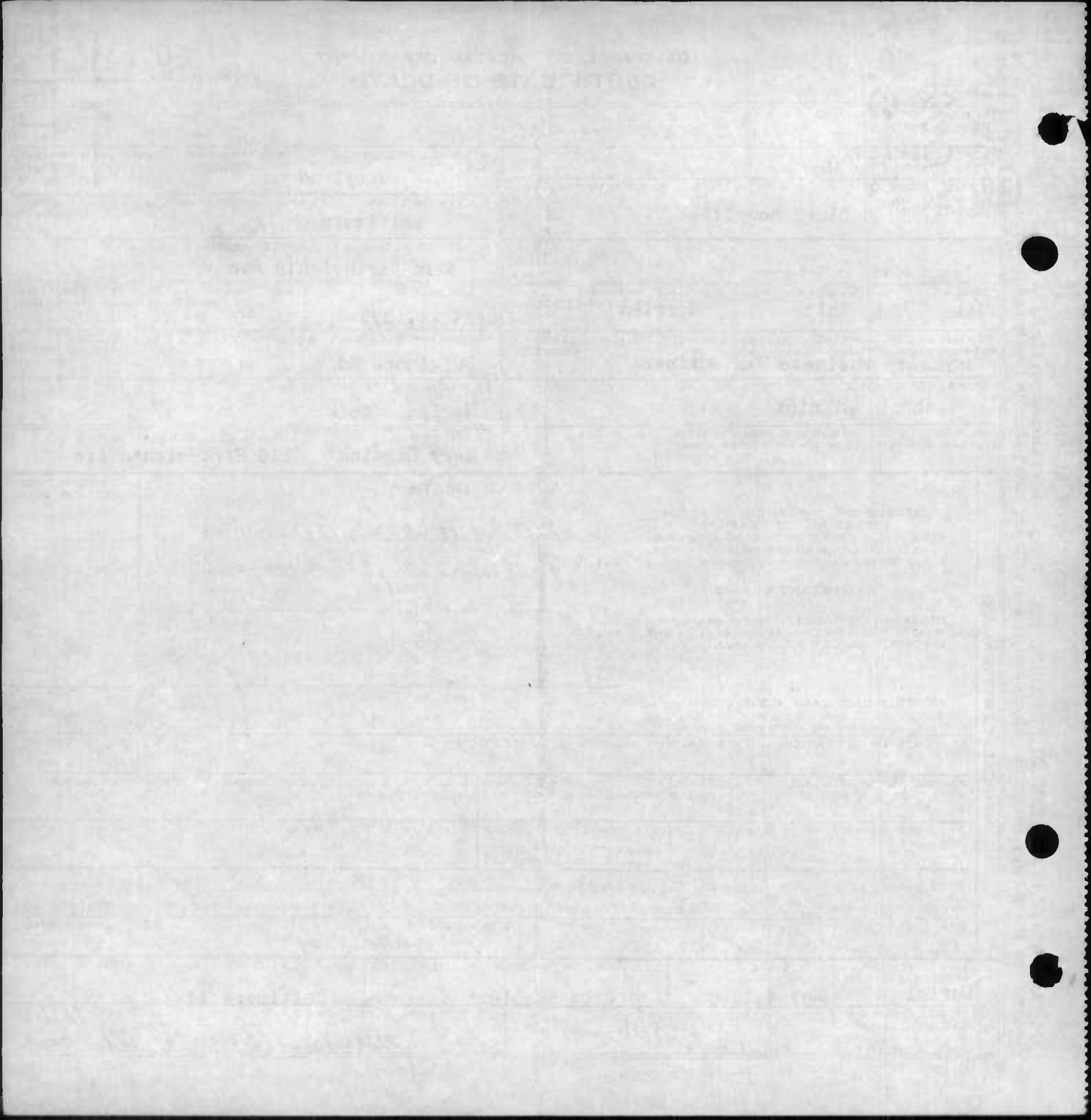
1126 W North ave

MAY 4 - 1950

VS 150

156 72

124 B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Walter Chenoweth

2. DATE
OF
DEATH

5-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

No Home- B. C. H. Infirmary

c. Length of stay in Baltimore 16 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

July 9, 1878

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER.

10B. KIND OF BUSINESS OR
INDUSTRY

GAS & ELEC.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard

14. MOTHER'S MAIDEN NAME

Elizabeth Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of the prostate with metastasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease with Failure

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 11-29-33, 19__, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 5.20am, from the causes and on the date stated above.

23A. SIGNATURE

J. H. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Frederick Ave Balts Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

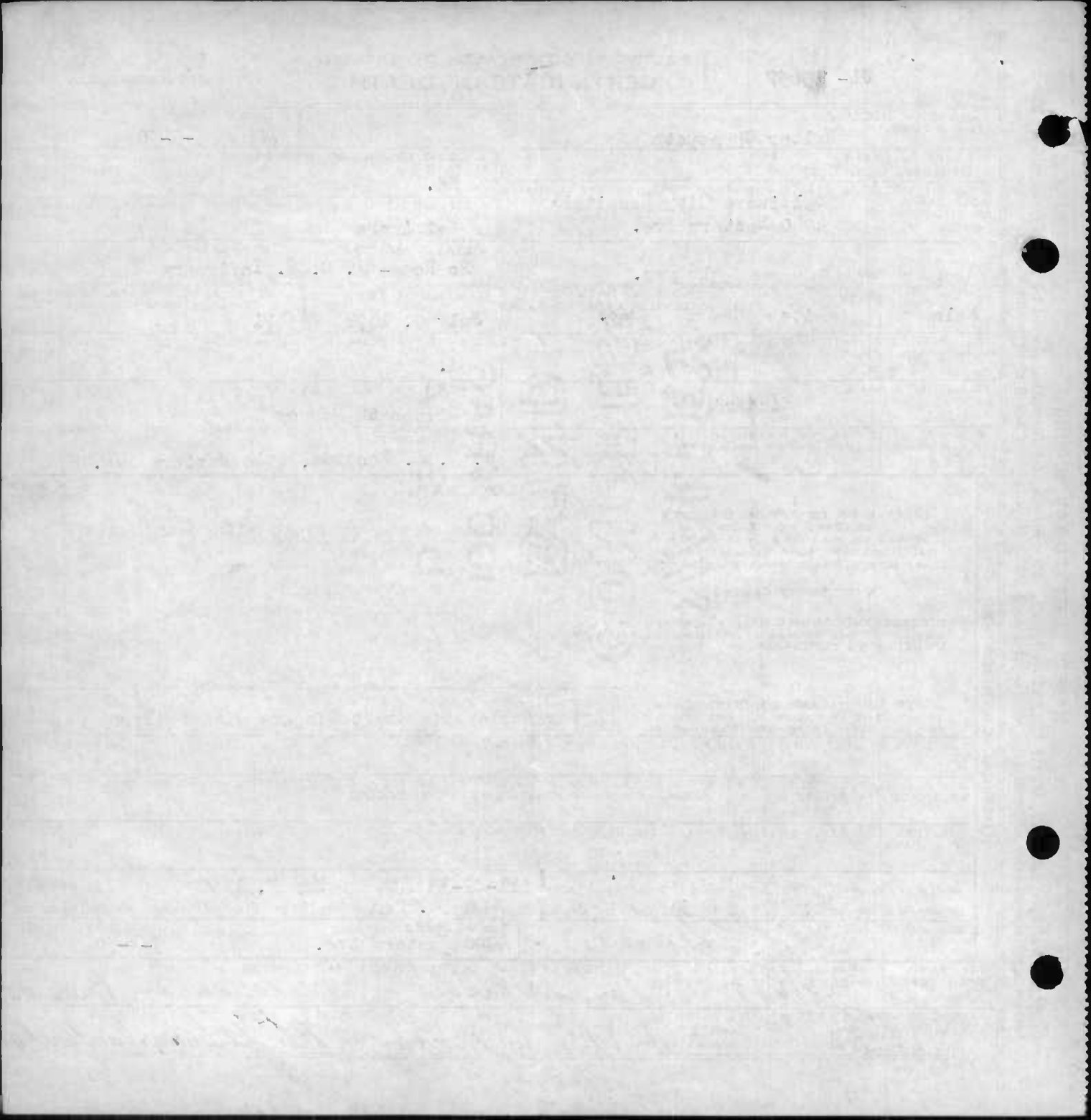
ADDRESS

Medred J. Blight, 6009 Harford Rd

VS 150

98859

51B



9-250
ES-138724

50 4102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4102
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Hennetta Dixon

2. DATE
OF
DEATH

5-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

31 Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1518 N. Mount Street (17)

c. Length of stay in Baltimore

35 YRS
Mos. Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Mar. 13, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathan Johnson (D)

14. MOTHER'S MAIDEN NAME

Mary Queen (D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records *Balto. City Hospitals Eastern Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of Breast with Metastases

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1950, to 5-1, 1950, that I last saw the deceased alive on 5-1, 1950, and that death occurred at 12:55 P.M. from the causes and on the date stated above.

23A. SIGNATURE

J. J. Cohen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/5/50

24C. NAME OF CEMETERY OR CREMATORY

HARBUTUS MEM. PARK

HARBUTUS, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. J. Cohen

25. FUNERAL DIRECTOR

THE CHARLES RAY MORTUARY

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of informant

10. Date of registration

11. Place of registration

12. Signature of registrar

13. Signature of informant

14. Date of registration

15. Place of registration

16. Signature of registrar

17. Signature of informant

18. Date of registration

19. Place of registration

20. Signature of registrar

21. Signature of informant

22. Date of registration

23. Place of registration

24. Signature of registrar

25. Signature of informant

26. Date of registration

27. Place of registration

28. Signature of registrar

29. Signature of informant

30. Date of registration

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-20004103

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4103

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM MCCOY

2. DATE
OF
DEATH

MAY 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MARYLAND

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1931 W. FRANKLIN STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE township)

D. STREET ADDRESS (If rural, give location)

1931 W. FRANKLIN STREET -23

c. Length of stay in Baltimore

35 yrs

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 15, 1876

9. AGE (In years,
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TRACKMAN

10B. KIND OF BUSINESS OR
INDUSTRY

B & O RAILROAD

11. BIRTHPLACE (State or foreign country)

SUMTER, SOUTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
705-10-3165

17. INFORMANT

ADDRESS

MAMIE MCCOY-1931 W. FRANKLIN ST.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/50 to 5/2/50 that I last saw the
deceased alive on 3/1/50 and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 6, 1950

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEMORIAL PARK

24D. LOCATION (City, town, or county)

ARBUTUS, MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1950

J. H. Williams, M.D.

Charles R. Law

THE CHARLES R. LAW MORTUARY

802-04 MADISON AVENUE

1000

1000

1000

1000

1000

1000

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1000

1000

1000

1000

50 4104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4104

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roxanna Simons

2. DATE
OF
DEATH

May 2, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 123 W. Hill St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

COUNTY

V-43

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

1 Week

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 28-1901

9. AGE (In years last birthday)

48 49 yrs

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theophilus Privott

14. MOTHER'S MAIDEN NAME

Emily Holley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Guy Simons, Norfolk Va

18. 4/30.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Heart

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 5:25 m., from the causes and on the date stated above.

23A. SIGNATURE

Stanford P. Immund

M. D.

23B. ADDRESS

2309 2nd St

23C. DATE SIGNED

5-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

(State)

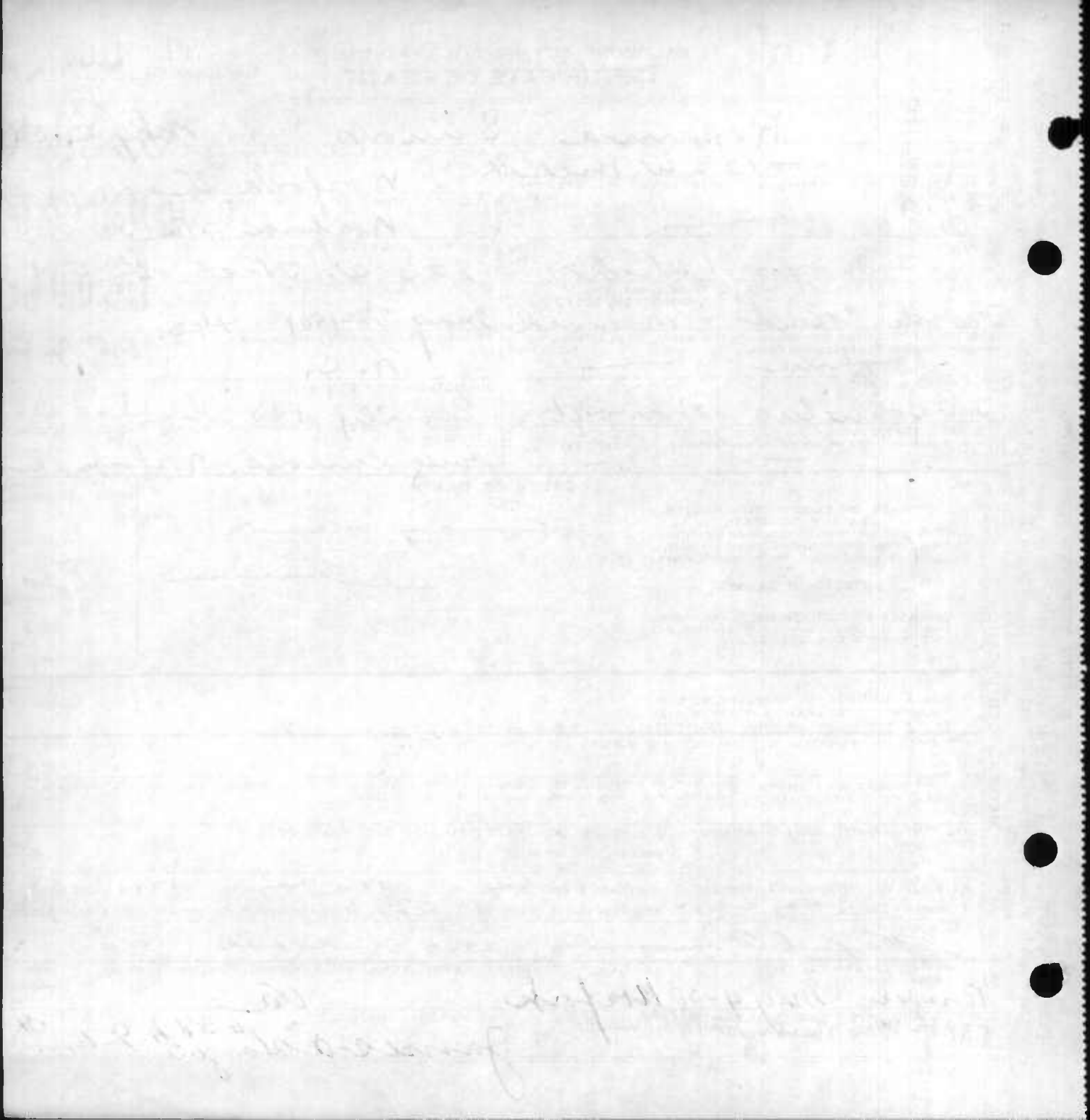
LOW REGISTRY

SIGNATURE

James A. Hayes

638 N. 9th St

Va



CERTIFICATE OF DEATH

Registered No. _____

50 4105

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baker, Matilda

2. DATE OF DEATH

May 2, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1184 Cleveland St #30

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Fe

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

July 31, 1869

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Thon

14. MOTHER'S MAIDEN NAME

Louisa Kauffelt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *1184 Cleveland St, Baltimore*
daughter (Mrs Margerite Spillman)

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Edema*

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
(C) *Hypertensive Cardio Vascular Disease years*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/26*, 1950, to *5/2*, 1950, that I last saw the deceased alive on *May 2*, 1950, and that death occurred at *12:15 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Matilda J. Baker

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

5/2/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

May 6, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

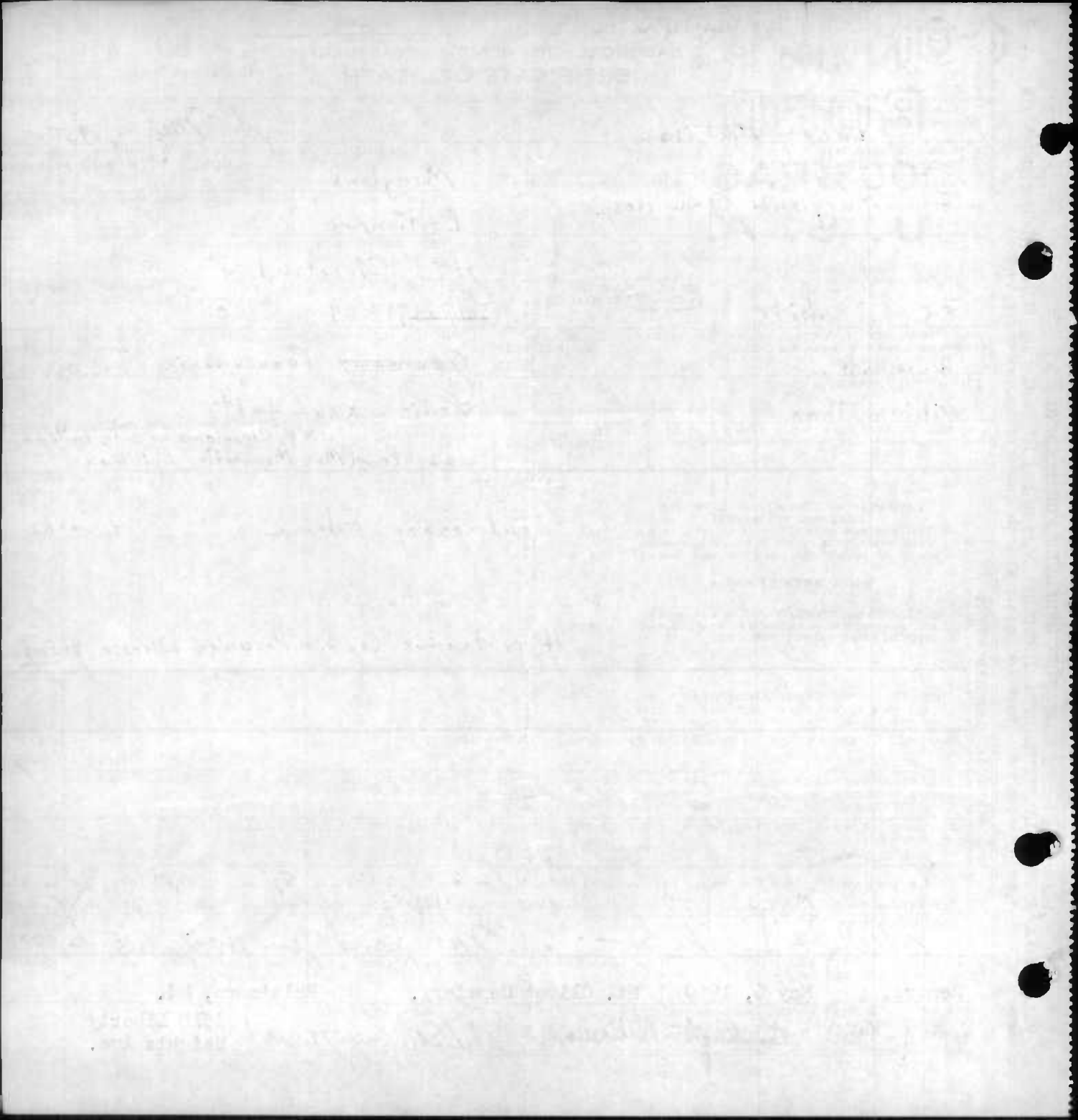
W. L. Moore

26. ADDRESS

4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



540
M M 87898

50 4106

BALTIMORE CITY, HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4106

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward, F. Connelly.

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)Baltimore City Hospitals.
31 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore.

9-09

D. STREET ADDRESS (If rural, give location)

1331 E. North Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 15, 1878

9. AGE (In years
last birthday)

71 (77 ?)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - NOT KNOWN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin, Connelly

14. MOTHER'S MAIDEN NAME

Elizabeth, Albach.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C.H. 4940 Eastern Ave.

18.

450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Bilateral Hemiplegia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9-50, 19, to 5-3-50, 19, that I last saw the
deceased alive on 5-3-50, 19, and that death occurred at 9:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

M. O'Boyer

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

5/5/50

24C. NAME OF CEMETERY OR CREMATORY

Mowland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston M. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck, 5305 Bayford Rd.

VS 150

(31)

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

178

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LEWIS S. BIEMILLER

2. DATE
OF
DEATH

MAY 3 - 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1235 E. LANVALE ST.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-09

d. STREET ADDRESS (If rural, give location)

1235 E. LANVALE ST.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Dec. 13 - 1901

9. AGE (in years,
last birthday)

48

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AUTO MECHANIC

10b. KIND OF BUSINESS OR
INDUSTRY

KELLY BUICK

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD BIEMILLER

14. MOTHER'S MAIDEN NAME

CATHERINE SOHL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-09-8680

17. INFORMANT

Mrs. MARGARET BIEMILLER - 1235

18.

162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1949 to May 3, 1950 that I last saw the deceased alive on May 2, 1950 and that death occurred at 4:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Stevens

23B. ADDRESS

3400 Erdman Ave. 5/4/50

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1950

Huntington Williams, M.D.

LEONARD J. RUCK - 5305 HARTFORD

VS 150

33269

47D

Rd.

71

1878

Dr. Stevens
Frdman & Edison

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4108

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sabelus, Helman

2. DATE
OF
DEATH

5-2-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hosp. of Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

9-06

D. STREET ADDRESS (If rural, give location)

1926 E. 28th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3-22-99

9. AGE (In years

last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Soreman Shipyard

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Sabelus - 1926 E. 28th St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of lung with
metastases.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Empyema, Rt. lung.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb, 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rt. lung

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-1950 to 5-2-1950 that I last saw the
deceased alive on 5-2-1950, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Thal

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/4/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

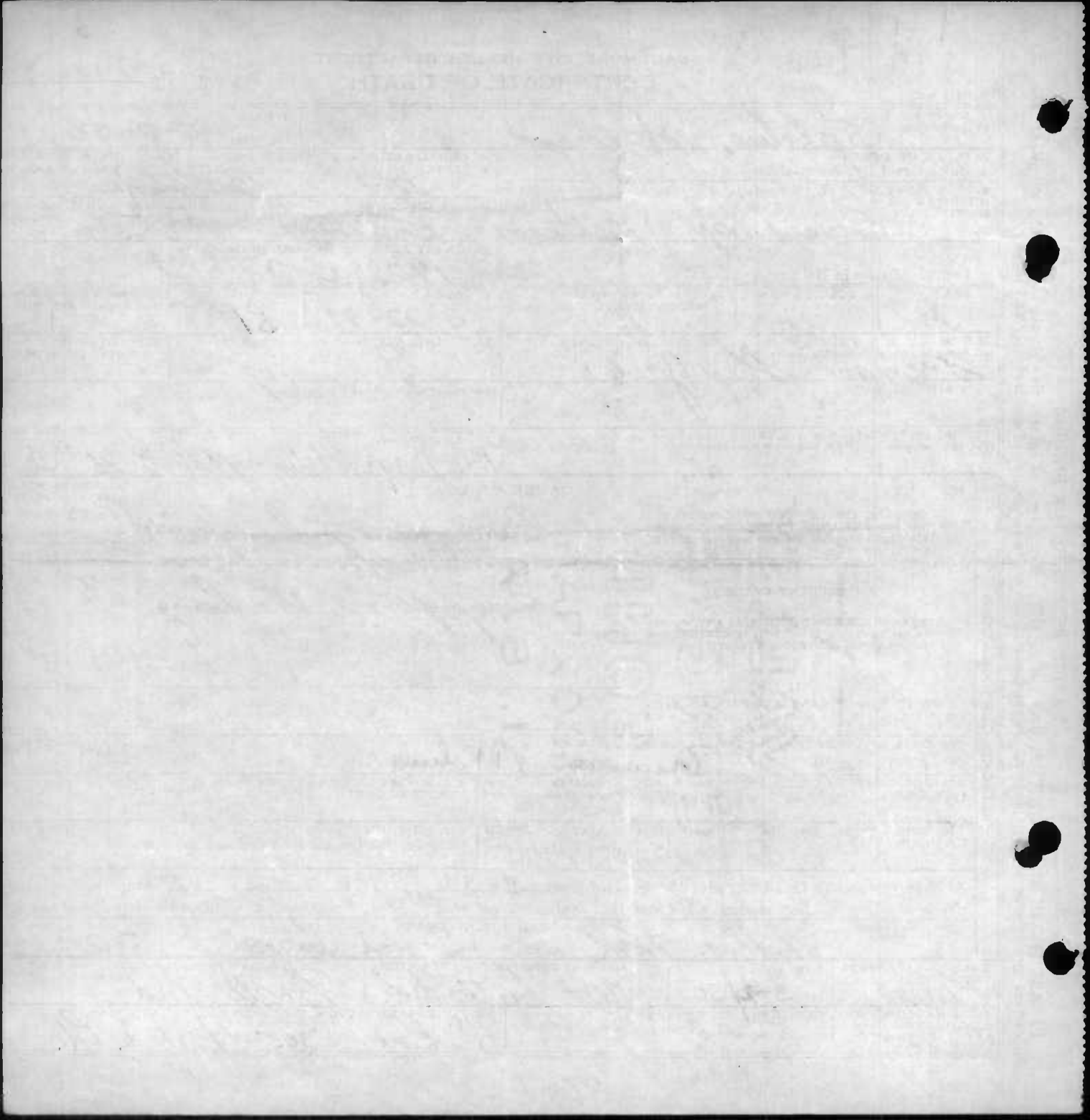
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck - 5305 Harford Rd

MAY 4 - 1950



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-15-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4109

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Mason (Bennatts)

2. DATE
OF
DEATH

5-2-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 11-01

C. Length of stay in Baltimore

3

D. STREET ADDRESS (If rural, give location)

108 E. Preston St

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 22 - 1912

9. AGE (In years last birthday)

38

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bartender

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

(Bert - Ma - son) Berton Bennatts

14. MOTHER'S MAIDEN NAME

Lucy (Bull - son) Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. E 900.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Lobar pneumonia
DUE TO Fracture of RT. humerus.
RT. Femur2 days
4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY
Dr. Wm. G. Helfrich

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Delirium Tremens

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

108 E. Preston St 11/1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4-28-50 in A m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Fell down Steps

22. I hereby certify that I attended the deceased from 4-30, 1950 to 5-2, 1950 that I last saw the deceased alive on 5-2, 1950, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret L. Sheppard M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

MAY 7-50

24C. NAME OF CEMETERY OR CREMATORY

Oakland - Wis

24D. LOCATION (City, town, or county)

Oakland - Wis

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 4 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ellsworth Annae

ADDRESS

VS 150

N-821.0

71071

5118

Surgeon Oak Ave

186a

STATE OF NEW YORK

IN SENATE

JANUARY 18, 1912

REPORT

OF

THE

COMMISSIONER

OF

THE

LAND OFFICE

FOR

THE

YEAR

1911

AND

FOR

THE

YEAR

1912

AND

FOR

THE

YEAR

1913

AND

FOR

THE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4110
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARTHA

COTTMAN

2. DATE
OF
DEATH

April 30, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

833 N. Fremont Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

833 N. Fremont Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 4, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Buckingham, Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Cabell

14. MOTHER'S MAIDEN NAME

Susan Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, as or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Cottman 833 N. Fremont Ave.

18. *4 yr. 1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic cardiovascular
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. J. Sullivan

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
5-1-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 4, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John J. Hollander, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home
1631 Druid Hill Ave.

RECEIVED BY THE DEPT. OF THE ARMY

WASHINGTON, D. C.

A-65-2
50 4111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4111
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Armstrong

2. DATE
OF
DEATH

April 30, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY
424 Manse Court Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-64

d. STREET ADDRESS (If rural, give location)

424 Manse Court

c. Length of stay in Baltimore

22 yrs.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

October 19, 1902

9. AGE (In years last birthday)

47

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Milk plant worker

10b. KIND OF BUSINESS OR INDUSTRY

Milk Dairy

11. BIRTHPLACE (State or foreign country)

Middlesex County Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Armstrong

14. MOTHER'S MAIDEN NAME

Mary Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mackie Armstrong (wife) 424 Manse Ct.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of stomach

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

April 1950

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of stomach

20. AUTOPSY?

YES ☒ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1950, to April 5, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at 10 PM, from the causes and on the date stated above.

23a. SIGNATURE

William D. Lynn

23b. ADDRESS

University Hospital, Baltimore

23c. DATE SIGNED

5-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5-4-1950

24c. NAME OF CEMETERY OR CREMATORY

Wt. Calvary Am

24d. LOCATION (City, town, or county)

Cedar Hill Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. D. Lynn

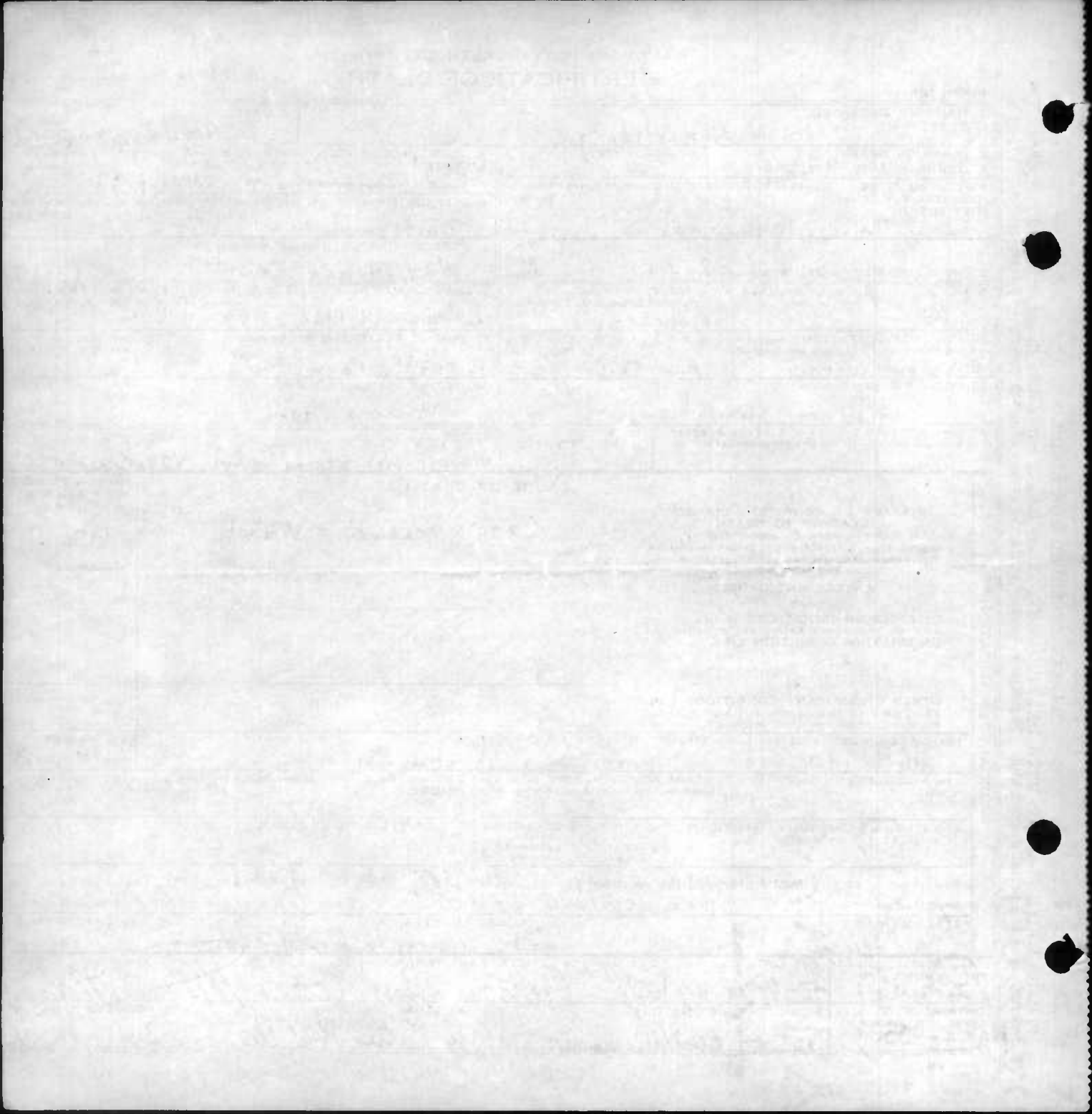
25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 4112
T-5281 - 137613BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4112

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Thomas

2. DATE
OF
DEATH

5-1-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals (location)

4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1511 W. Franklin St. -23

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 5, 1877

9. AGE (In years

last birthday)

72

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Thomas

14. MOTHER'S MAIDEN NAME

Victoria Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. records, 4940 Eastern Ave.

18. 540.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Bleeding Peptic Ulcer
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiovascular disease
DUE TO

(C) Diabetes mellitus

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Surgical shock due to anesthesia

19A. DATE OF OPERATION

5-1-50

19B. MAJOR FINDINGS OF OPERATION

Bleeding

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Baltimore City Hosp. 4940 Eastern Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 1, 1950

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of sodium pentothal and
COE Anesthesia - endo-tracheally22. I hereby certify that I attended the deceased from 4-27-50, 19, to May 1, 1950, that I last saw the
deceased alive on May 1, 1950, and that death occurred at 11:30 PM from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-6-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

Schroeder St

MAY 4 - 1950
VS 150

To Be approved by Medical Examiner

98899

117a

CERTIFICATE OF DEATH

1901 - 1902

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of family</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4113

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louella

Wridley

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 N. Pine St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid

XXXXX

8. DATE OF BIRTH

April 1870

9. AGE (in years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

was Housewife

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Ezekiel Moore

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Wilbur Sample 217 N. Pine St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 3, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE
5/3/5024C. NAME OF CEMETERY OR CREMATORY
Mt Auburn24D. LOCATION (City, town, or county)
Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

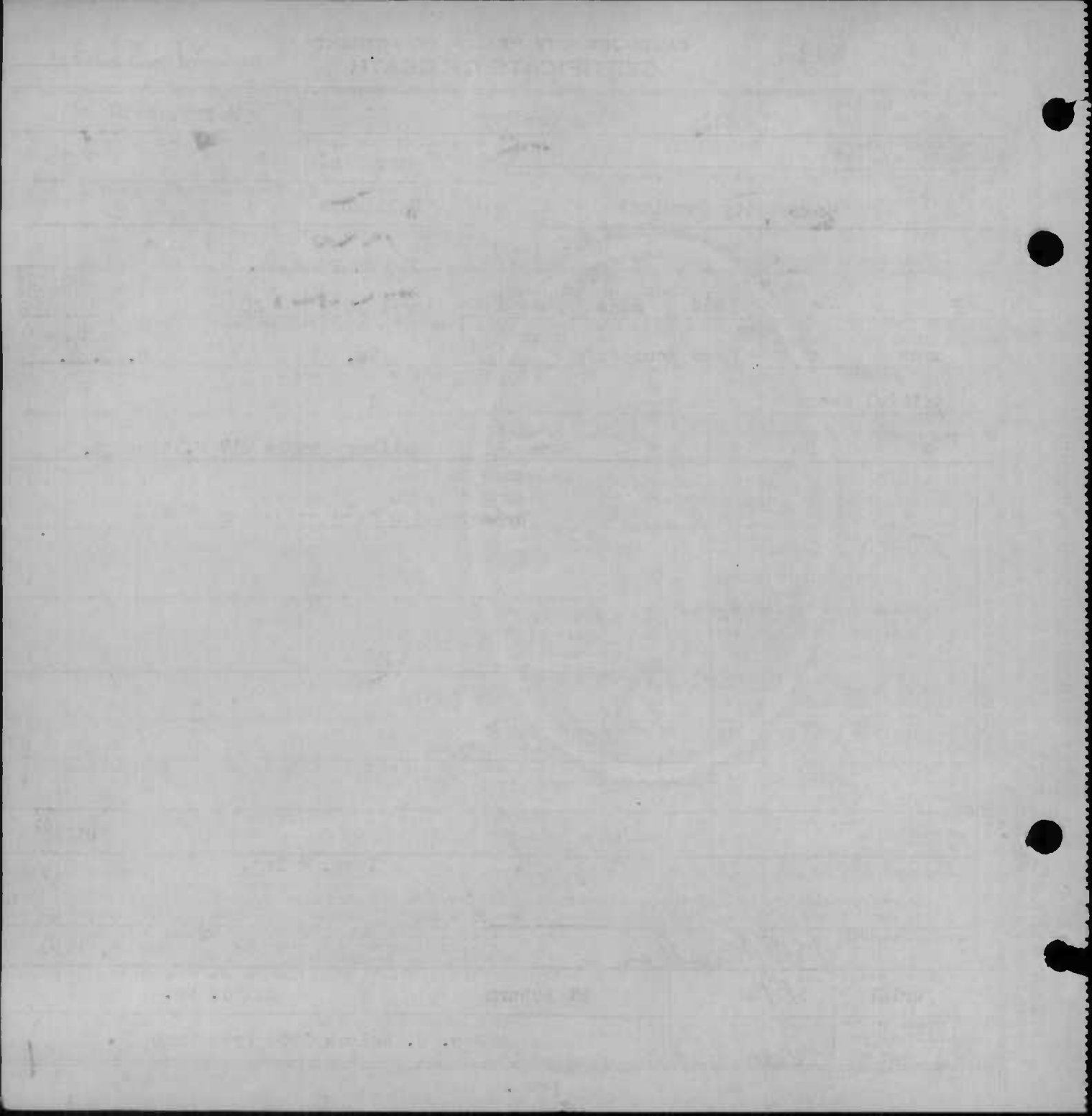
ADDRESS

Geo. G. Kelson 1303 Presstman St.

MAY 4 - 1950

VS 151

937 ✓



J-525

50 4114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4114
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Erene Johnson

2. DATE
OF
DEATH

5-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt. Md. 23-01

C. Length of stay in Baltimore

46 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1105 W. Race St.

5. SEX

F

6. COLOR OR RACE

Colored.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

4-17-1904

9. AGE (In years,
last birthday)

46

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housework.

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest Rhodes

14. MOTHER'S MAIDEN NAME

Rose Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rosie Rhode 1105 Race

18. 022 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) RUPTURED THORACIC ANEURYSM.

Undet.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29, 1950, to 5-2, 1950, that I last saw the
deceased alive on 5-2, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lucius W. Leeper M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-6-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cnty

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

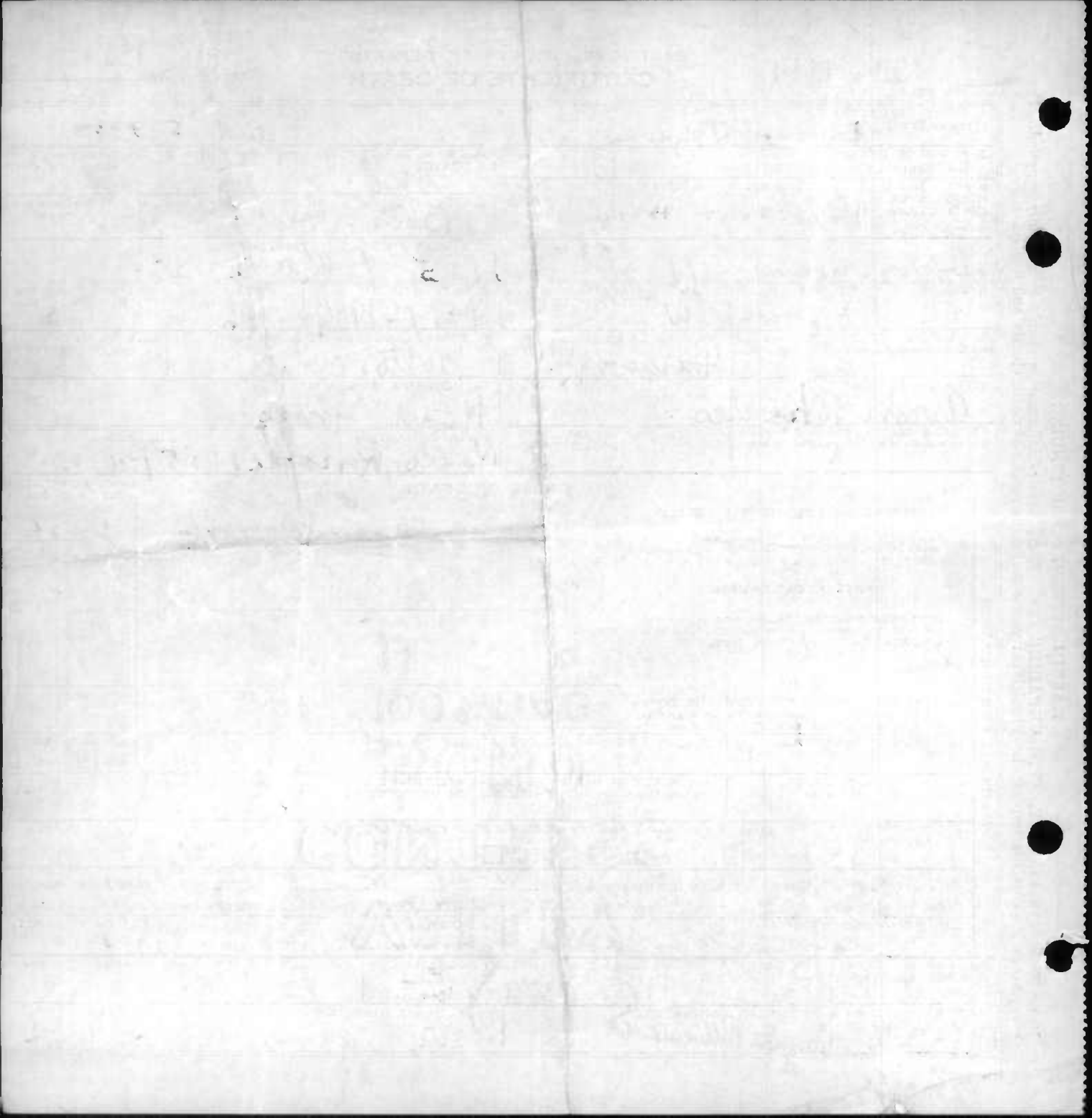
William Williams, M.D.

25. FUNERAL DIRECTOR

Halter B. Spriggs

ADDRESS

138 W. Hamlet St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4115
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years, last birthday) 10 Under 1 Year 11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1947, to May 3rd, 1950, that I last saw the deceased alive on May 3rd, 1950, and that death occurred at May 3rd, 1950, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

W. E. Lynn Shubert
2211 - Lake Ave

5-530

50 4116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4116

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry W. Schmidt

2. DATE
OF
DEATH

May - 3 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3106 Fair Ave

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May - 22 - 1893

9. AGE (In years,
last birthday)

76 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineered

10B. KIND OF BUSINESS OR
INDUSTRY

Standard Oil Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Schmidt

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Anna B. Schmidt - 3106 Fair Ave

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Colon

DUE TO

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) Arteriosclerotic Heart Disease

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16 1950 to 5/2, 1950, that I last saw the
deceased alive on 5/2, 1950, and that death occurred at 11:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Louis G. Krole

M. D.

23B. ADDRESS

1801 Easton Pl

23C. DATE SIGNED

5/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May - 6 - 50

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

North Ave - Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Miller, Inc. - 2435 E. Olney St

ADDRESS

MAY 4 - 1950

1201

120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-532 4117
50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4117
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Jay H. Windsor</u>		2. DATE OF DEATH <u>5/2/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>25-41</u>			
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>32 Oaklee Village</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/26/1974</u>	9. AGE (In years last birthday) <u>76</u>	10. Under 1 Year Months <u>0</u> Days <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R. N. Clerk</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Auto. Mfg.</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>John H. Windsor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>380-10-7071</u>		17. INFORMANT <u>Hosp. Records</u>	
18. <u>442x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>ARTERIO SCLEROTIC CARDIO - VASCULAR RENAL DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>PULMONARY CONGESTION</u>		DUE TO <u>CACHEXIA</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>5/6/50</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/6</u> , 19 <u>50</u> to <u>5/2</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>5/2</u> , 19 <u>50</u> , and that death occurred at <u>1:05 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>John H. Shaw</u> M. O.		23B. ADDRESS <u>St. Agnes Hosp.</u>		23C. DATE SIGNED <u>5/2/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/6/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>6. Verma Lomax</u>		ADDRESS <u>4611 Park Heights Ave</u>	

MAY 4 - 1950
VS 150

131a

TO THE HONORABLE
THE SENATE

AND THE HONORABLE
THE ASSEMBLY

IN SENATE

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1904

ALBANY, N. Y.: JAMES B. LEECH, PRINTERS.

1904.

THE LAND OFFICE HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF THE
REPORT OF THE COMMISSIONERS OF THE LAND OFFICE IN RESPONSE TO A
RESOLUTION PASSED BY THE SENATE MAY 1, 1904.

THE REPORT IS HEREBY SUBMITTED TO THE SENATE AND ASSEMBLY.

ATTEST:

JOHN W. WALKER, ATTORNEY GENERAL.

ALBANY, N. Y., JULY 1, 1904.

THE LAND OFFICE HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF THE
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ALBANY, N. Y., JULY 1, 1904.

THE LAND OFFICE HAS THE HONOR TO ACKNOWLEDGE THE RECEIPT OF THE
REPORT OF THE COMMISSIONERS OF THE LAND OFFICE IN RESPONSE TO A
RESOLUTION PASSED BY THE SENATE MAY 1, 1904.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4118

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Turner

2. DATE
OF
DEATH

May 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospital (DOA)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

1-02

D. STREET ADDRESS (If rural, give location)

622 S LINWOOD AVE.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG 4 1876

9. AGE (In years
last birthday)

73

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? STEIN

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CATHERINE SCHRACK 622 S LINWOOD AVE.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Arteriosclerotic Cardio-
Vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Corn. H. Kammer, J.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

May 3, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 5 1950

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMETERY

24D. LOCATION (City, town, or county)

TAYLOR AVE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dippel Bros 1800 E LOMBARD

93D V

MAY 4 - 1950

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PROPERTY

INCOME

DEBTS

HEALTH

DIET

EXERCISE

SMOKING

DRINKING

OTHER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 00057701. NAME OF DECEASED
(Type or Print)DEMBINSKY, BONNIE2. DATE
OF
DEATHMay 3 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)43 South Balto Gen Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Marley Md 5200

D. STREET ADDRESS (If rural, give location)

37 Cedar St. Marley Md

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

M7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar 13 19389. AGE (In years
last birthday)10. Under 1 Year
Months Days
Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis Dembinsky

14. MOTHER'S MAIDEN NAME

Irene Stewart15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Francis Dembinsky18. 057.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from May 3, 1950, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 11:55 P.M. May 3, 1950 3:35 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 4 - 1950

VS 150

Wilmington Williams, Md41206

0117

02

THE CLERK OF THE DISTRICT COURT

STATE OF CALIFORNIA

IN SENATE

COMMITTEE ON

EDUCATION

AND

LABOR

AND

INDUSTRY

AND

COMMERCE

AND

NAVIGATION

AND

MINES

AND

WATER

AND

LAND

AND

MINES

AND

WATER

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LAND

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MINES

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LAND

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MINES

AND

WATER

AND

LAND

AND

MINES

AND

WATER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4120

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John. Froehlich

2. DATE
OF
DEATH

May 1. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

520 S. Highland Ave

C. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2945. HUDSON ST.

8. DATE OF BIRTH

NOV. 2.

9. AGE (In years last birthday)

52.

If Under 1 Year

Months: Days: Hours: Min.

5 3

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIPPING CLERK

10B. KIND OF BUSINESS OR INDUSTRY

Comm. Cartage Co

13. FATHER'S NAME

CHARLES. FROELICH

14. MOTHER'S MAIDEN NAME

ANNIE Umpteeder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

OLIVE. Froehlich. 2945. Hudson St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hyperkalemia C.V. Disease
(Thrombosis)

4-25-48

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

Acute Coronary Thrombosis

4-25-48

(C) Complete Coronary Occlusion

5-1-50

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ None ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRARY ☒
CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

none

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT WORK ☒ WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

none

22. I hereby certify that I attended the deceased from 4-25, 1948, to 5-1, 1950, that I last saw the deceased alive on 5-1, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Schimmuck

23B. ADDRESS

842 S. East Ave

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 6. 1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem

24D. LOCATION (City, town, or county)

Eastern Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

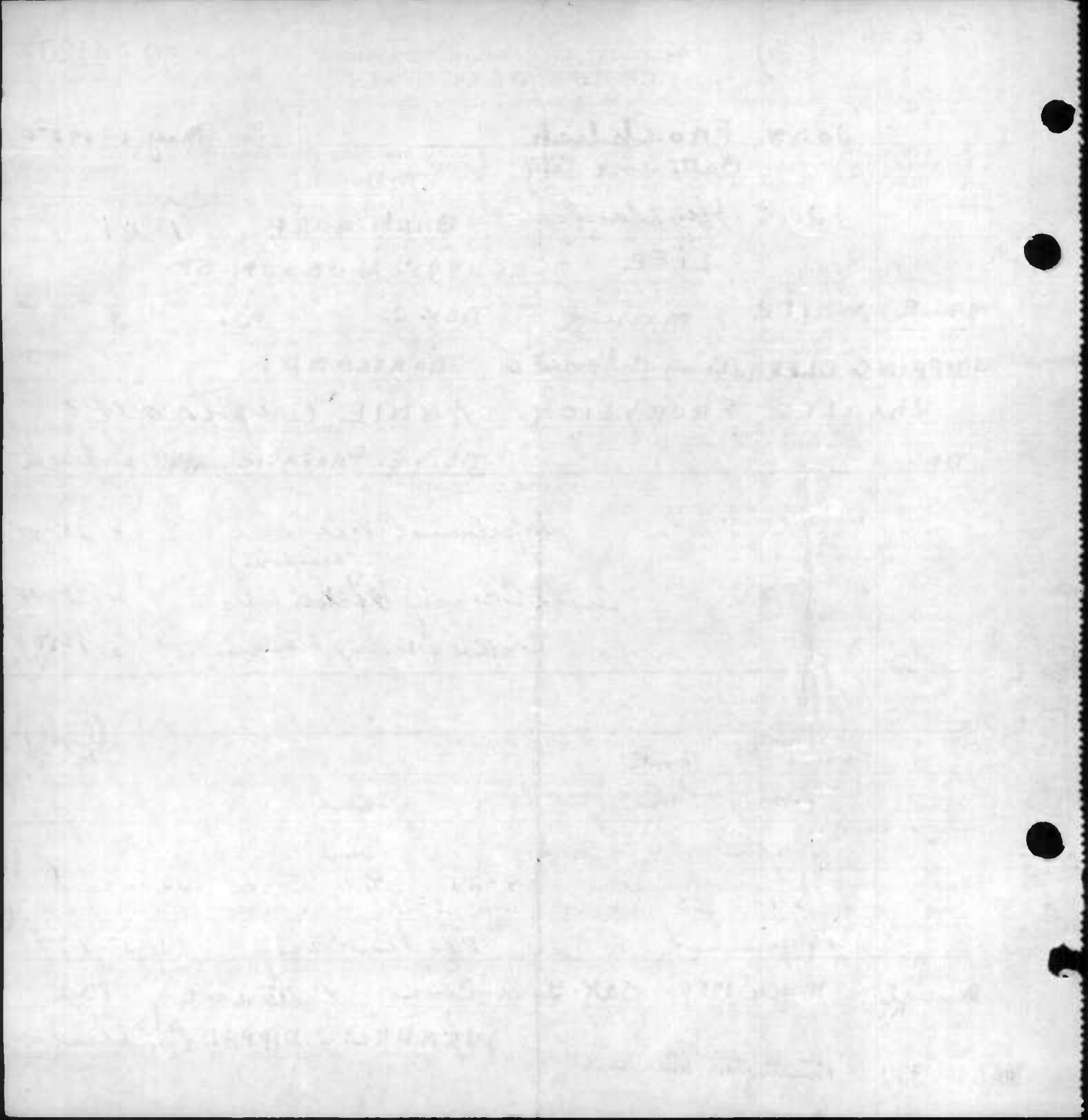
ADDRESS

WENDELL J. DIPPEL 312 Highland Ave

MAY 4 VS 1950

226 10

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Lisle Power

2. DATE
OF
DEATH

5/4/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

24 Ben Secours Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-04

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4528 Ben Lucy Rd. Upland

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

4/23/61

9. AGE (In years last birthday)

89 yrs

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Lisle

14. MOTHER'S MAIDEN NAME

Sarah Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

4528

ADDRESS

Kenneth L. Power Ben Lucy Rd - Upland

18.

572.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Intestinal obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Dilatation of sigmoid; Diverticulosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION

5/4/50

19B. MAJOR FINDINGS OF OPERATION

impacted feces; Dilatation of sigmoid; Diverticulosis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2/50, 1950, to 5/4, 1950, that I last saw the deceased alive on 5/4, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Laramore, M.D.

23B. ADDRESS

Ben Secours Hosp.

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/8/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

Letter in document file 50-4121 - 6/5/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4122

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harold Russell Shetter

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Penna.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

U.S. Marine Hospital, Balto., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

East Berlin

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Unk.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sep. 18, 1923

9. AGE (In years
last birthday)

26

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Instructor

10B. KIND OF BUSINESS OR
INDUSTRY

Education

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Shetter

14. MOTHER'S MAIDEN NAME

Alverta Catherine Eagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unk.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records - US Marine Hospital, Balto., Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral (left) cerebellor (right)
hemorrhage.

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Recent

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Synovioma left knee with metastases
to lung, chest wall and mesentary.

8 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 27, 1950, to May 3, 1950, that I last saw the
deceased alive on May 3, 1950, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director M.D.

23B. ADDRESS

U.S. Marine Hospital, Balto.

23C. DATE SIGNED

May 4, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

EAST BERLIN UNION CEM

24D. LOCATION (City, town, or county)

PA.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 - 1950

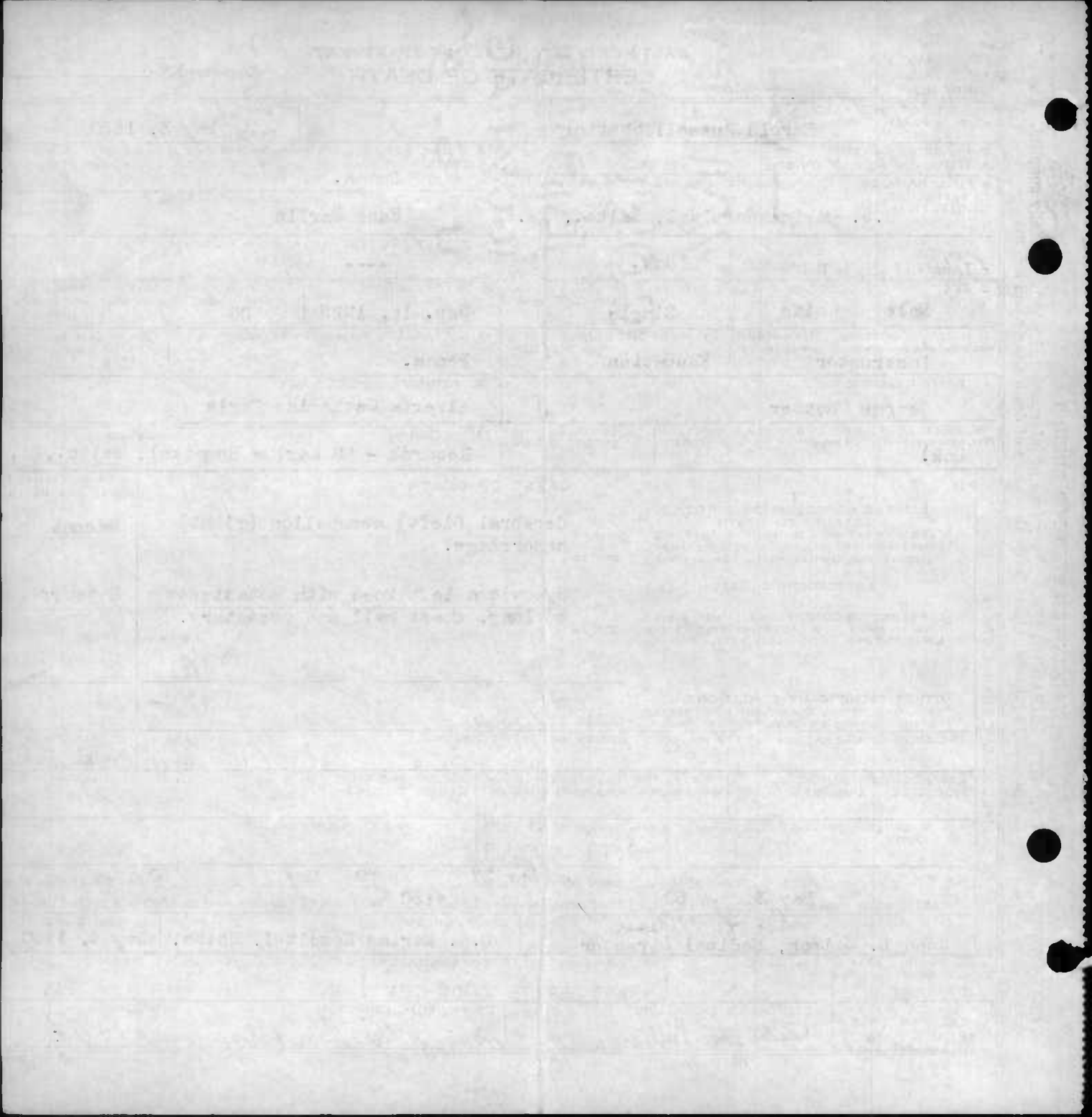
REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mon. J. Hoffman & Son, 1001 N. Pa.



N-350
50 4123BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4123
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mitchers Newton

2. DATE
OF
DEATH MAY 4 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

(If not in hospital or institution, give street address or location)

33

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

BLDG. CONVT.

13. FATHER'S NAME

George A. Newton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1900

9. AGE (In years
last birthday)

60

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Village, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Agustine Venie

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2-3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Nephrosclerosis

DUE TO

(C)

Hypertensive cardiovasc. dis.

1 yr

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-1950 to 5-4-1950, that I last saw the
deceased alive on 5-4-1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

David E. Rosen, D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/7/50

24C. NAME OF CEMETERY OR CREMATORY

Mulberry Bay Church Richmond Co., Va.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Geo. G. Nelson 1303 President St.

ADDRESS

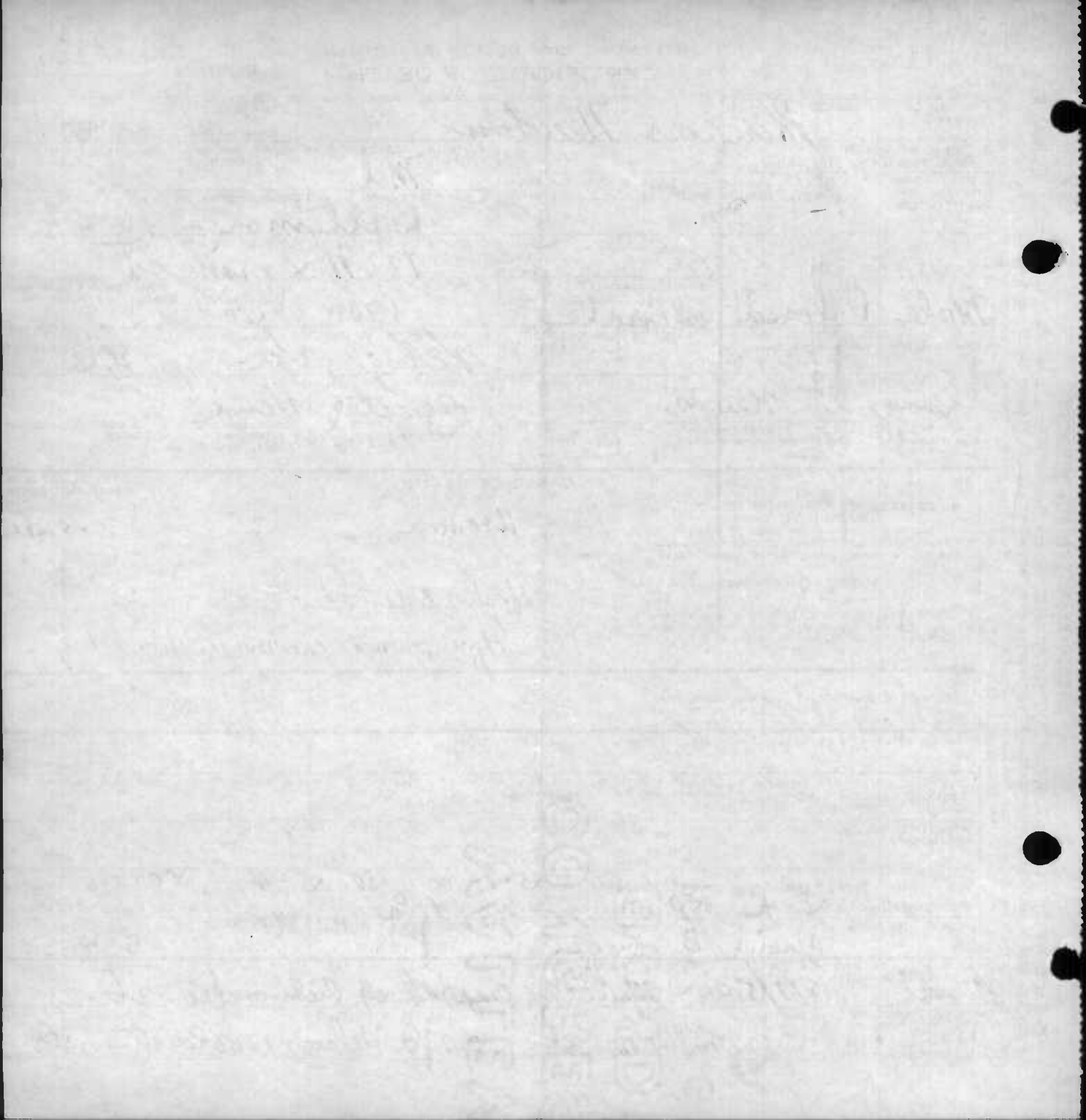
VS 150

988V9

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4124

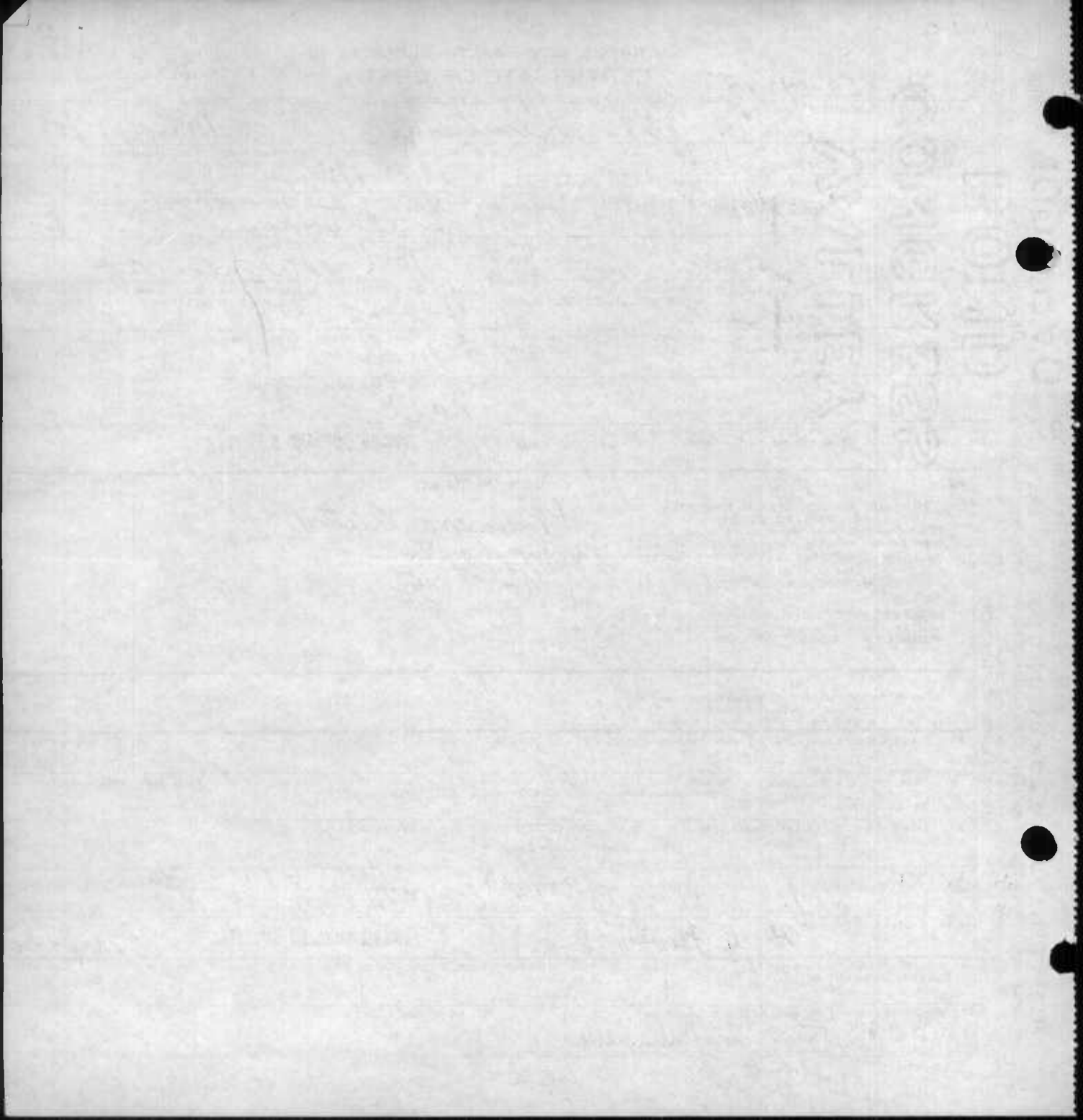
Registered No.

BIRTH NO. 50-08465

1. NAME OF DECEASED (Type or Print) <i>Baby Gail Linberger</i>		2. DATE OF DEATH <i>May 1, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22-02</i>	
D. STREET ADDRESS (If rural, give location) <i>702 Warner St</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-25-50</i>
9. AGE (In years last birthday)		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Reelie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>767.5</i> <i>Pneumonia bilateral</i> <i>Emphysema</i> <i>Rematurity</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>4/25</i> <i>4 1950</i> , to <i>5/1</i> <i>1950</i> , that I last saw the deceased alive on <i>5/1</i> <i>1950</i> , and that death occurred at <i>7:45</i> <i>a.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Harry Pyshtomsky</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3 May 1950</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county)		24E. ADDRESS		24F. ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1950</i>		REGISTRAR'S SIGNATURE <i>Winston Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>125</i>

Hospital Disposal



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4125

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 505 rue meeker

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State md (b) County

(c) City or town Beltsmin 14-02
(If outside city or town limits, write RURAL and give town)

(d) Street No 505 rue meeker
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

Brother Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4/1890

8. AGE: Years 59 Months Days If less than one day hr. min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

12. Name Boydgon Jackson

13. Birthplace Lancaster Co Va

14. Maiden Name Catherine Bundy

15. Birthplace Lancaster Co Va

16 (a) Informant Bessie O. Hyman (niece)

(b) Address 624 Gold St

17 (a) Burial (b) Date thereof May 6-1958
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Beltsmin Md

18 (a) Funeral director W. Brooks Ruggold

(b) Address 14637 Carey St
Huntington Williams, Md

1 MAY 5 - 1958 (Date of registration) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1958, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1948 to May 3 1956, and that I last saw him alive on May 3 1950.

Immediate cause of death

Chronic Tuberculosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 803 a Grand Date signed 5-3-58

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4126

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EURITH R. EVANS

2. DATE
OF
DEATH

MAY 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE MARYLAND

B. COUNTY

27-16

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4704 PARK HEIGHTS AVE

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4704 PARK HEIGHTS AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

MARCH 31, 1868

9. AGE (in years,
last birthday)

82

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

DANIEL ABBOTT

14. MOTHER'S MAIDEN NAME

EUCINDA BARNES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FRANCIS REESE WESTMINSTER MD.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocarditis

DUE TO

4 months.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

4 months.

II

(C) Cancer

DUE TO

over 4 months

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from April 4, 1950 to May 4, 1950 that I last saw the deceased alive on May 3, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

22A. SIGNATURE

T. L. De Barber

M. O.

23B. ADDRESS

4723 Park Heights

23C. DATE SIGNED

May 4 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 7, 1950

24C. NAME OF CEMETERY OR CREMATORY

CARROLLTON Church of God

24D. LOCATION (City, town, or county)

WESTMINSTER MD.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1950

Huntington Williams, M.D.

Francis Reese

Westminster Md. 937

FRED DE BABLERI

4725 Park Hyl. Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4127
Registered No.W-623
50 4127
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Wright</i>				2. DATE OF DEATH <i>5-2-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>				C. CITY OR TOWN (If outside corporate limit, write RURAL and give township) <i>Baltimore 17-02</i>	
c. Length of stay in Baltimore <i>Life</i>				D. STREET ADDRESS (If rural, give location) <i>1346 Division St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>OCT 31, 1911</i>	9. AGE (In years last birthday) <i>38</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Harry Ames</i>			14. MOTHER'S MAIDEN NAME <i>Annie Garrett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Patient's History</i>		
18. <i>681X</i> I <i>677X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Peritonitis</i> DUE TO ANTECEDENT CAUSES (B) <i>Rupture of uterus et</i> DUE TO (C) <i>bladder.</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pregnancy, term</i>					INTERVAL BETWEEN ONSET AND DEATH <i>over</i>
19A. DATE OF OPERATION <i>4-29-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Stillborn infant + 18A-B-C</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4-28</i> <i>1950</i> , to <i>5-2</i> , 1950, that I last saw the deceased alive on <i>5-2</i> , 1950, and that death occurred at <i>4:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Maurice Adams</i>			23B. ADDRESS <i>238 N. Cary St</i>		23C. DATE SIGNED <i>5-3-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-7-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Abraham Mem. Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Mr. Frances A. Kennedy 578 W. Biddle St.</i>	

Stillbirth # 36424 - 4/29/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4128

50 4128

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE J. GEISSLER

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

209 Ballou Court

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

209 Ballou Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 16, 1873

9. AGE (In years,
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

- Klein

14. MOTHER'S MAIDEN NAME

Katherine Schattall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mr. Fritz Geissler

ADDRESS

209 Ballou Court

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chr. myelomatosis

1945-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chr. Int. Nephritis

1945-

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Atherosclerosis of Arteries (hypertension)

One year.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1949, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Brown

23B. ADDRESS

1663 W. North Ave.

23C. DATE SIGNED

5-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 - 1950

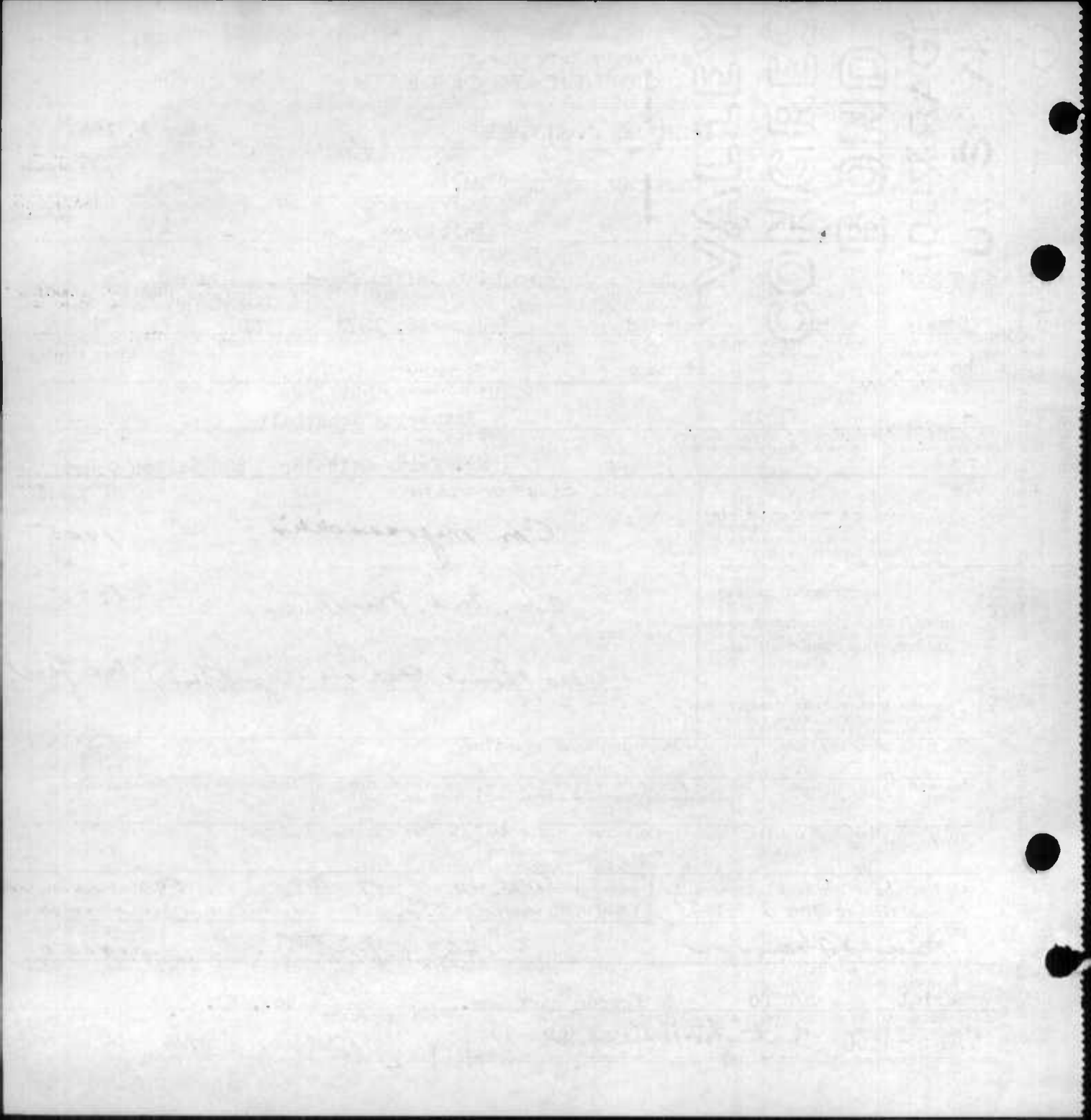
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Tucker & Sons - Balto Md

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4129

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) LOUISE W LAMB2. DATE
OF DEATH May 2, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

West Baltimore General Hospital

D. STREET ADDRESS (If rural, give location)

1615 Ellamont Street

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Jan. 24, 1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William J. Wickham

14. MOTHER'S MAIDEN NAME

Emma Amelia Ludwig

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Eleanor L. Ashman 2212 Roslyn Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 2, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/5/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

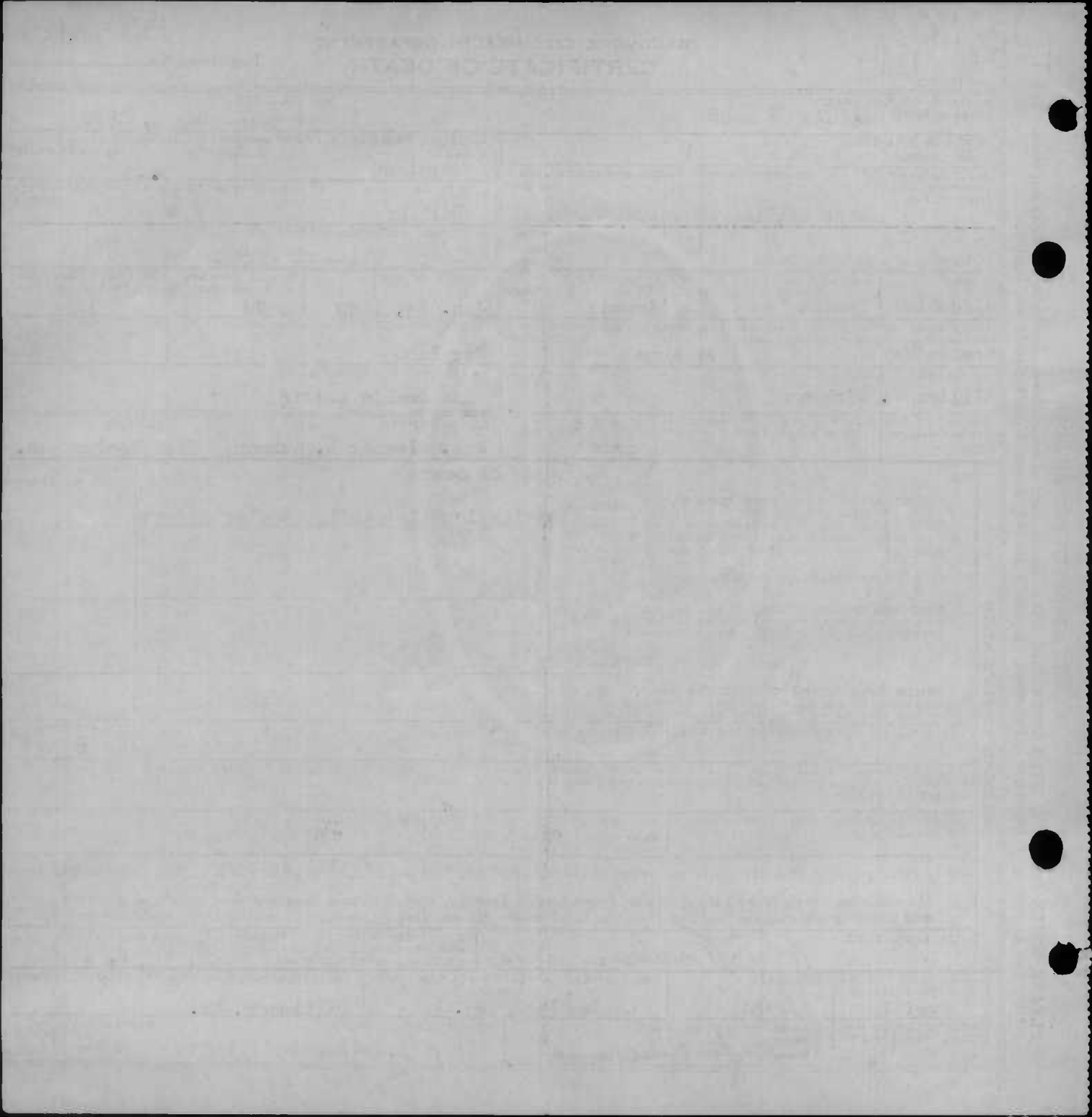
Wm. J. Tichener & Sons - Balt. Md.

ADDRESS

MAY 5 1950

VS 151

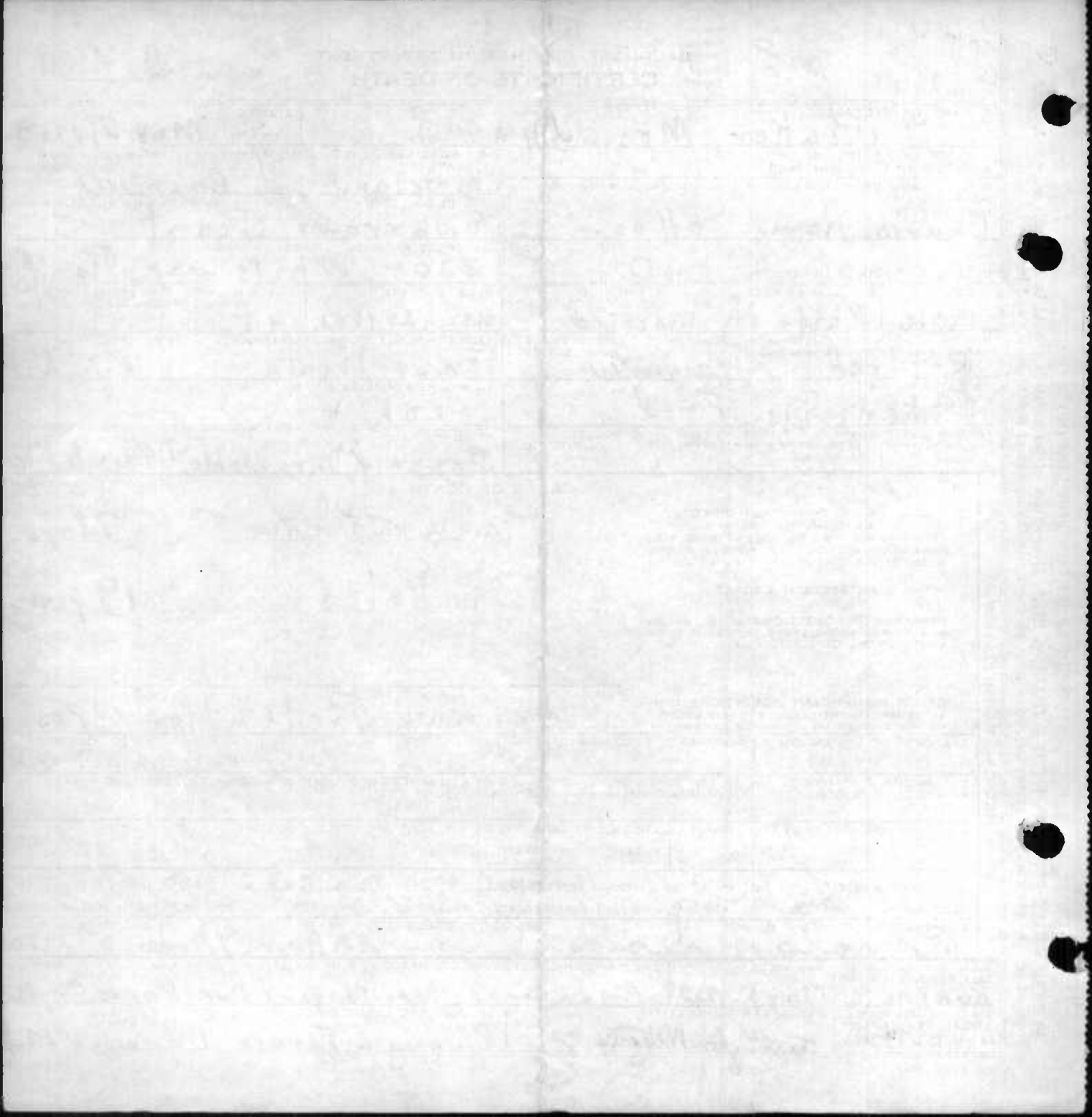
937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4130BIRTH NO. 50 4130

1. NAME OF DECEASED (Type or Print) <u>Baker, Mr. Edgar S.</u>			2. DATE OF DEATH <u>May 2, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>BALTIMORE</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Church Home Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sparrows Point 5200</u>		
c. Length of stay in Baltimore <u>60</u> Yrs. <u>35</u> Mos. <u>60</u> Days			D. STREET ADDRESS (If rural, give location) <u>3208 White way Road</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25, 1852</u>		9. AGE (In years last birthday) <u>98</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Baker, Mr. Fred</u>			14. MOTHER'S MAIDEN NAME <u>Leah</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT ADDRESS <u>Buzzard, Mrs. Mable 6 Bayside Dr.</u>		

18. <u>260X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Diabetes</u> DUE TO		<u>19 years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Urinary Retention</u>		<u>10 yrs.</u>
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April 30, 1950</u> , to <u>May 2, 1950</u> , that I last saw the deceased alive on <u>May 2, 1950</u> , and that death occurred at <u>9:25 P.M.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Ronald S. Sinton M.D.</u>	23B. ADDRESS <u>Church Home Hosp.</u>	23C. DATE SIGNED <u>5-3-50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>MAY 5 1950</u>	24C. NAME OF CEMETERY OR CREMATORY <u>PARKWOOD CEM.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 5-1950</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>ROLAND L. FISHER DUNDALK, MD.</u>



J-560
50 4131BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4131
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		Harold Joyner		2. DATE OF DEATH April 29, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 3-01			
c. Length of stay in Baltimore 14 yrs.		D. STREET ADDRESS (If rural, give location) 1st floor, 417 S. Caroline St.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3-27-1917	9. AGE (In years last birthday) 33	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10B. KIND OF BUSINESS OR INDUSTRY IND. CAN CO.		11. BIRTHPLACE (State or foreign country) HIGH POINT, N. C.	
13. FATHER'S NAME HARRISON COLE		14. MOTHER'S MAIDEN NAME CORINE JOYNER		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 246-12-3539		17. INFORMANT ADDRESS H. COLE - 1762 BRENTWOOD AVE	
18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Gunshot wound of head DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 417 S. Caroline St., 1st floor	
21D. TIME (Month) (Day) (Year) OF INJURY April 29, 1950		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED April 29, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-8-50		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. A. JACKSON - 916 PENNA. AVE.	

VS 151

N-853

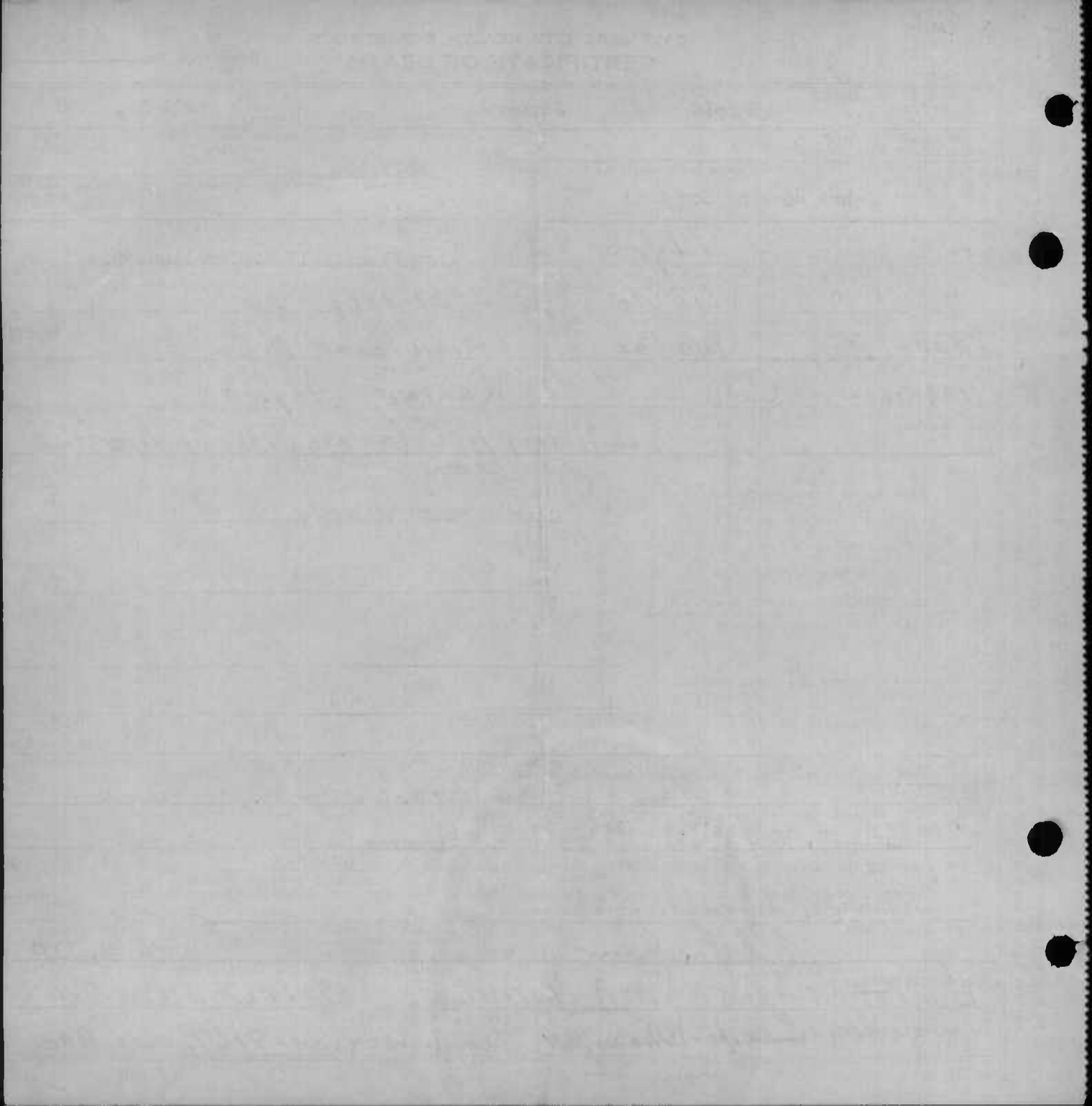
4203V

166

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4132
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James E. Gibson

2. DATE
OF
DEATH MAY 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Provident Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-01D. STREET ADDRESS (If rural, give location)
619 Greenwillow St.

c. Length of stay in Baltimore

LIFE

5. SEX
M6. COLOR OR RACE
C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

OCT. 27, 1924

9. AGE (in years
last birthday)

25

10 Under 1 Year
Months Days

7 8

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STUDENT

10B. KIND OF BUSINESS OR
INDUSTRY

V.A.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAS. E. GIBSON SR.

14. MOTHER'S MAIDEN NAME

VIOLA CARR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

YES

(If yes, give year or dates of service)

W.W. # 2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ELIZABETH GIBSON - GREENWILLow

18. E 982X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hemorrhage into right chest and mediastinal
tissues
DUE TO laceration of skin of neck, superior vena cava,
hilum of right lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

619 Greenwillow St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Mary 3, 1950 12:15 A.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, ☒ undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

May 3, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-8-50

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 5 - 1950

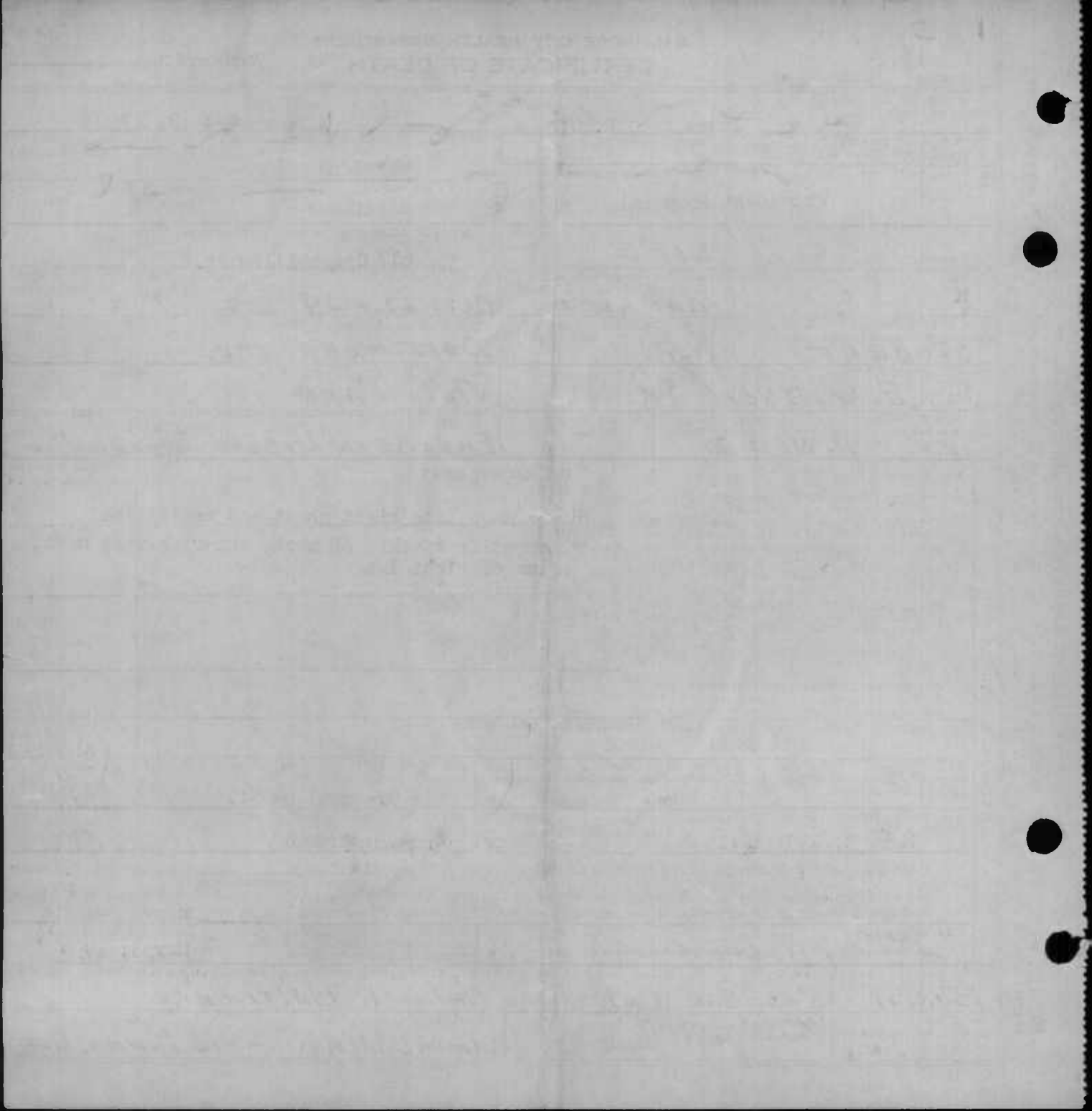
REGISTRAR'S SIGNATURE

Franklin H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. A. JACKSON - 916 PENNA. AVE.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4133
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DORA PORTER

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4662 Falls Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

4662 Falls Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 14, 1892

9. AGE (In years last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dorine McBride 4662 Falls Road

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Heart Disease

1 year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept. 20, 1949 to May 1, 1950 that I last saw the deceased alive on May 1, 1950 and that death occurred at 12 M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Leonard Wallenstein M. D.

848 W 36th St

5/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/5/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 5 - 1950

Huntington Williams, M.D.

Holland Funeral Home
1631 Druid Hill Ave.

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF BIRTH

1904

1904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4134

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER H. GREEN

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1011 N. Calhoun St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

24 years

D. STREET ADDRESS (If rural, give location)

1011 N. Calhoun St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 2, 1917

9. AGE (In years last birthday)

32

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crescent

10B. KIND OF BUSINESS OR INDUSTRY

Tailoring

11. BIRTHPLACE (State or foreign country)

Calvert G. Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Mason Green

14. MOTHER'S MAIDEN NAME

Flora Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

216-10-7299

17. INFORMANT

Miss Ralga Green Calhoun St.

ADDRESS

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

within 5 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 31, 1950, to May 3, 1950 that I last saw the deceased alive on May 2, 1950, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

George McDonald M. D.

23B. ADDRESS

844 N Carey, Balt. Md.

23C. DATE SIGNED

5/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/6/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 - 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Baltimore Funeral Home

ADDRESS

1651 Druid Hill Ave.

CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth	
Place of Birth		Usual Residence		Cause of Death		Date of Death	
Occupation		Signature of Physician		Signature of Registrar		Signature of Informant	
Manner of Death		Signature of Coroner		Signature of Medical Examiner		Signature of Pathologist	
Signature of Undertaker		Signature of Funeral Home		Signature of Cemetery		Signature of Burial Place	
Signature of Family		Signature of Friends		Signature of Neighbors		Signature of Community	
Signature of Church		Signature of School		Signature of Business		Signature of Government	
Signature of Other		Signature of Other		Signature of Other		Signature of Other	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4135

Registered No.

BIRTH NO. 50 4135

1. NAME OF DECEASED (Type or Print) <i>Joseph Hall</i>			2. DATE OF DEATH <i>5/4/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. Agnes</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 5-0</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1710 De La Platte Rd.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>9/19/99</i>		9. AGE (In years last birthday) <i>50 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>stone cutter</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Lincoln Plaster Co.</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>
13. FATHER'S NAME <i>Joseph Hall</i>			14. MOTHER'S MAIDEN NAME <i>Eliz Young</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>Samuel Lane</i>		

18. <i>162X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Carcinoma Right Lung with</i>		DUE TO <i>generalized metastases.</i>		<i>2 mo. +</i>
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>3-21-50 3-27-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Metastatic Carcinoma Spinal Cord</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>3 10</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3-10</i> , 19 <i>50</i> , to <i>5-4</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5-4</i> , 19 <i>50</i> , and that death occurred at <i>7:50</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Robert B. McNamee</i>		23B. ADDRESS <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>5-4-50</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>5-6-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>Baeto.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>James L. McNamee</i>	
		ADDRESS <i>30 S. Lomb Ave.</i>	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

477

James M. Hill
M. C. Greenberg

M. C. Greenberg

White
at the center

James M. Hill

Robertson

1910 to 1911
1911 to 1912

1912 to 1913
1913 to 1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA A. B. WESTERFIELD

2. DATE
OF
DEATH

May 2nd, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

618 Venable Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

618 Venable Avenue

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wallace H Batchelor

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT 618 Venable Avenue
Mr. Benj. F. Westerfield

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Uremia

about 12hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Interstitial Nephritis

unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11/1950 to 5/2/1950, that I last saw the deceased alive on 5/2/1950, and that death occurred at 7:30 p. m. from the causes and on the date stated above.

23A. SIGNATURE

Geo. W. Margerison M.D.

23B. ADDRESS

401 E. 25th. St. Balto. Md.

23C. DATE SIGNED

5/4/50.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/6/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Katherine Williams, M.D.

25. FUNERAL DIRECTOR

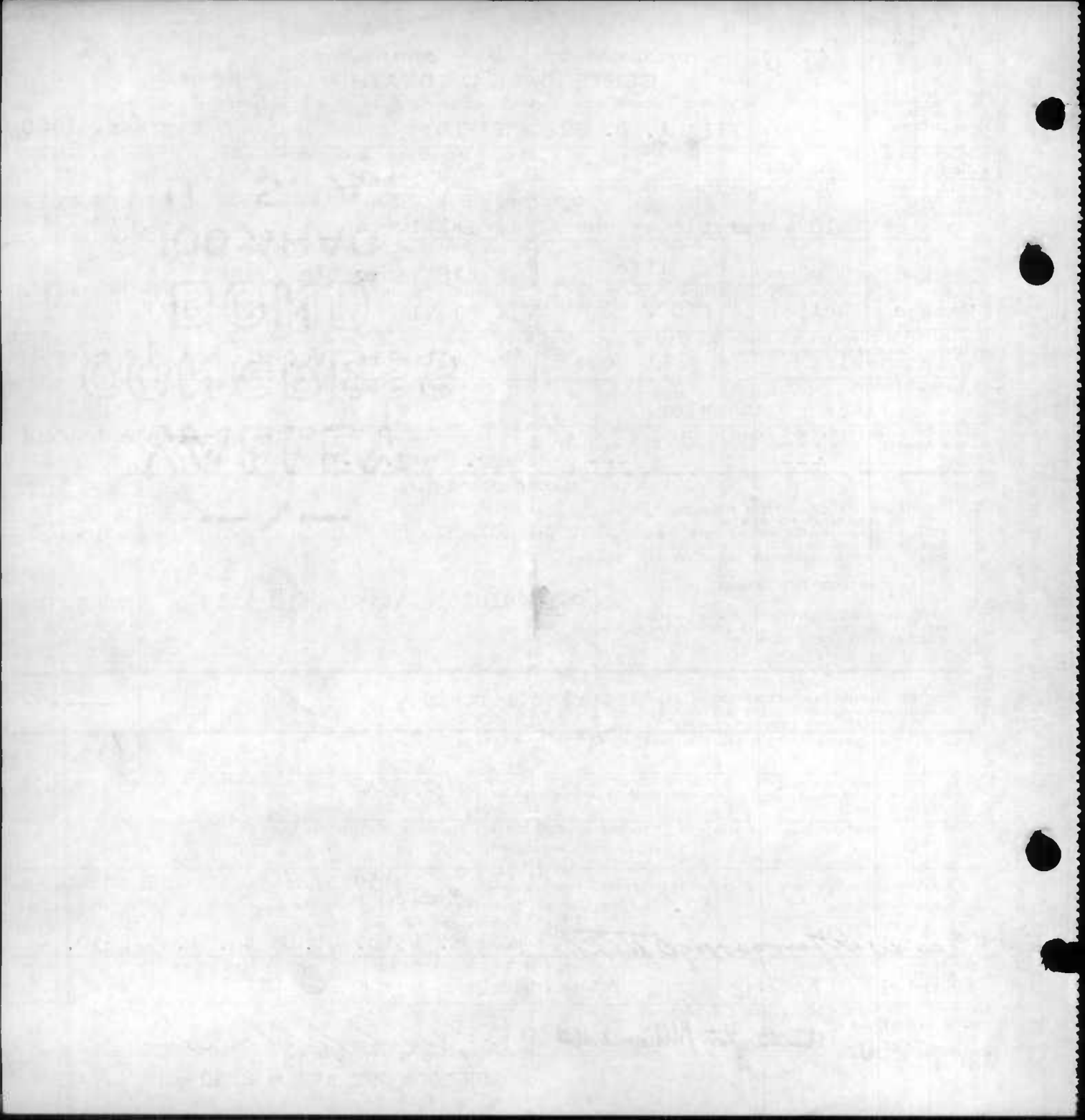
ADDRESS

Westerfield & Son

GREENMOUNT AVE & 22ND

131a

MAY 5 - 1950



C-636
50 4137BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4137
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>CARTER, Mr James -</i>			2. DATE OF DEATH <i>4 May 50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-05</i>		
c. Length of stay in Baltimore <i>35</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2020 St Paul St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>24 Apr 1872</i>	9. AGE (In years last birthday) <i>78</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Connecticut</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>CARTER, James Henry</i>			14. MOTHER'S MAIDEN NAME <i>GREENFIELD, Mary</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Self</i>		

18. <i>5705</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) _____ DUE TO _____ (B) <i>Intestinal obstruction</i> DUE TO _____ (C) <i>adhesions</i>	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <i>3 May 50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Intestinal obstruction due to adhesions</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>-</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>-</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>-</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>-</i>	
22. I hereby certify that I attended the deceased from <i>2 May</i> , 19 <i>50</i> , to <i>4 May</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>4 May</i> , 19 <i>50</i> , and that death occurred at <i>5:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard M. Garrett</i>		23B. ADDRESS M. D. <i>Church Home & Hosp</i>		23C. DATE SIGNED <i>4 May 50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>5-5-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>PARKWOOD</i>	
24D. LOCATION (City, town, or county) (State) <i>CITY</i>		25. FUNERAL DIRECTOR <i>Greenfield & Son</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		ADDRESS <i>12212</i>	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

THIS DEED WAS RECORDED IN THE PUBLIC CLERK'S OFFICE OF THE COUNTY OF DALLAS, TEXAS, ON THE 10TH DAY OF MAY, 1900, AT 10 O'CLOCK A.M.

WITNESSES MY HAND AND SEAL OF OFFICE.

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

NOTARY PUBLIC FOR TEXAS.

My Comm. Expires

THE 10TH DAY OF MAY, 1900.

ATTEST

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4138
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)(Frederick M. Buettner)
FREDERICK BUETTNER2. DATE
OF
DEATH

5/3/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

42

Sinai Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-II-1884

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days

II

If Under 24 Hours
Hours: Min.

22

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired (Manager)

10B. KIND OF BUSINESS OR
INDUSTRY

Life Ins. Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Buettner

14. MOTHER'S MAIDEN NAME

Katherine helbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

None

16. SOCIAL
SECURITY NO.

212-07-6260

17. INFORMANT

ADDRESS

Mrs. Alma L. Buettner-3317 Chesley Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebrovascular Accident

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio
vascular Disease

Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 5/2, 1950, to 5/3, 1950, that I last saw the
deceased alive on 5/3, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Egon Elmsel

M. D.

23B. ADDRESS

Puear 108810ue

23C. DATE SIGNED

5/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-6-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd. Balto: Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

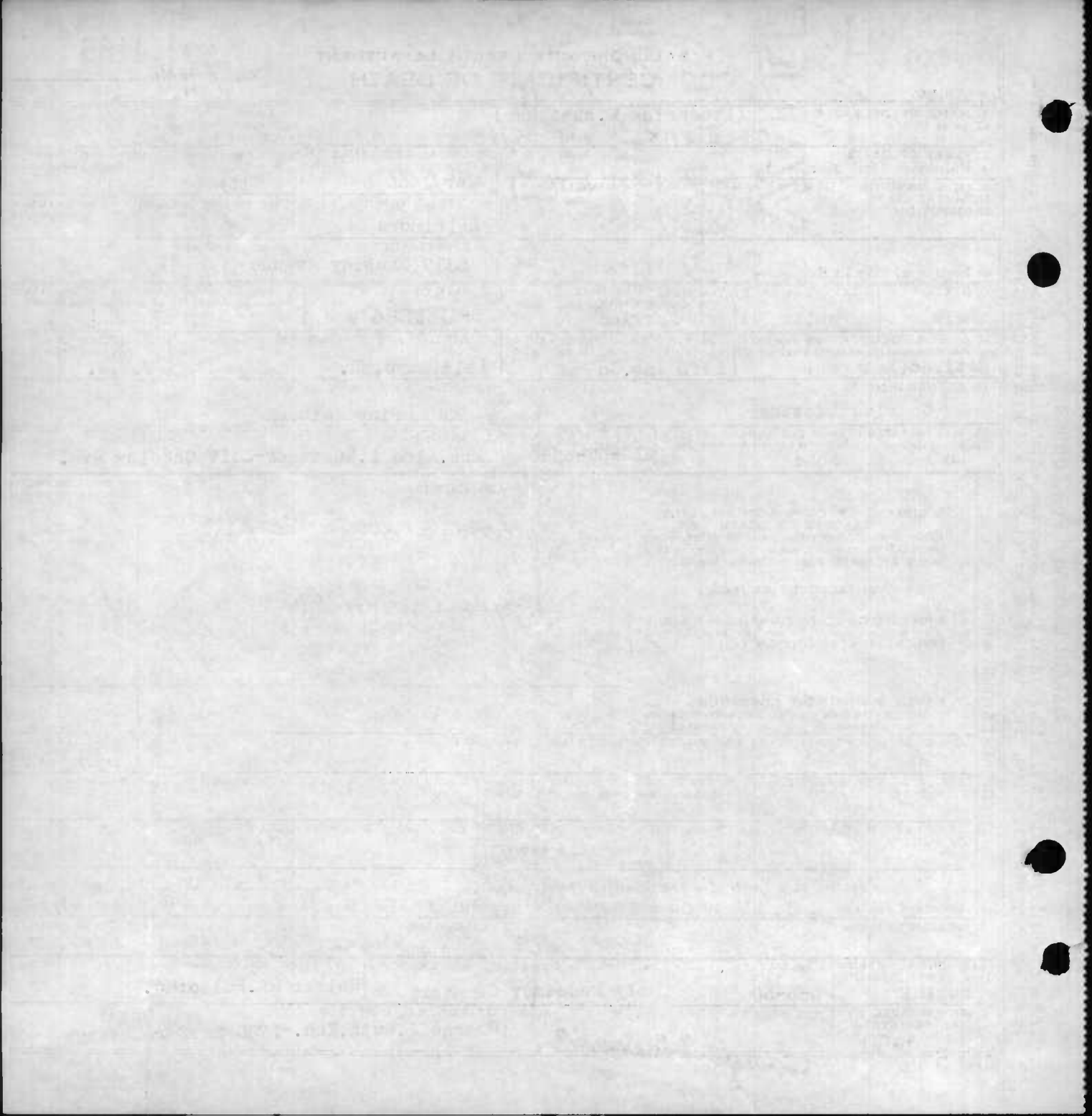
ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue

MAY 5 - 1950
150

15680

937



W-3004139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4139
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SEVELLA

WADE

2. DATE
OF DEATH May 4, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore Life Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
2126 Division Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
S

8. DATE OF BIRTH

Oct. 26, 1870

9. AGE (In years last birthday)

79

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY
retired H. Wife11. BIRTHPLACE (State or foreign country)
Md.12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Hillery Wade

14. MOTHER'S MAIDEN NAME

??

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Hattie Thompson 266 Robert St.

18.

E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2126 Division Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

April 30, 1950

? m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down stairsteps (inside)

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. J. Sullivan

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED

5-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/8/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

CERTIFICATE OF DEATH

1

2

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B-550
50 4140BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4140
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES H. BOWMAN

2. DATE
OF
DEATH

5/4/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-08

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1521 Baldwin St #11

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/2/84

9. AGE (in years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

Hampden Theatre

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Francis Bowman

14. MOTHER'S MAIDEN NAME

Rose Ellen Loge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-12-8495

17. INFORMANT

ADDRESS

Dora B. Bowman 1521 Baldwin St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1950, to 5/4, 1950, that I last saw the
deceased alive on 5/4, 1950, and that death occurred at 7:55 Am., from the causes and on the date stated above.

23A. SIGNATURE

Charles J. Black

M. D.

23B. ADDRESS

Maryland General

23C. DATE SIGNED

5/4/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Black Rock Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

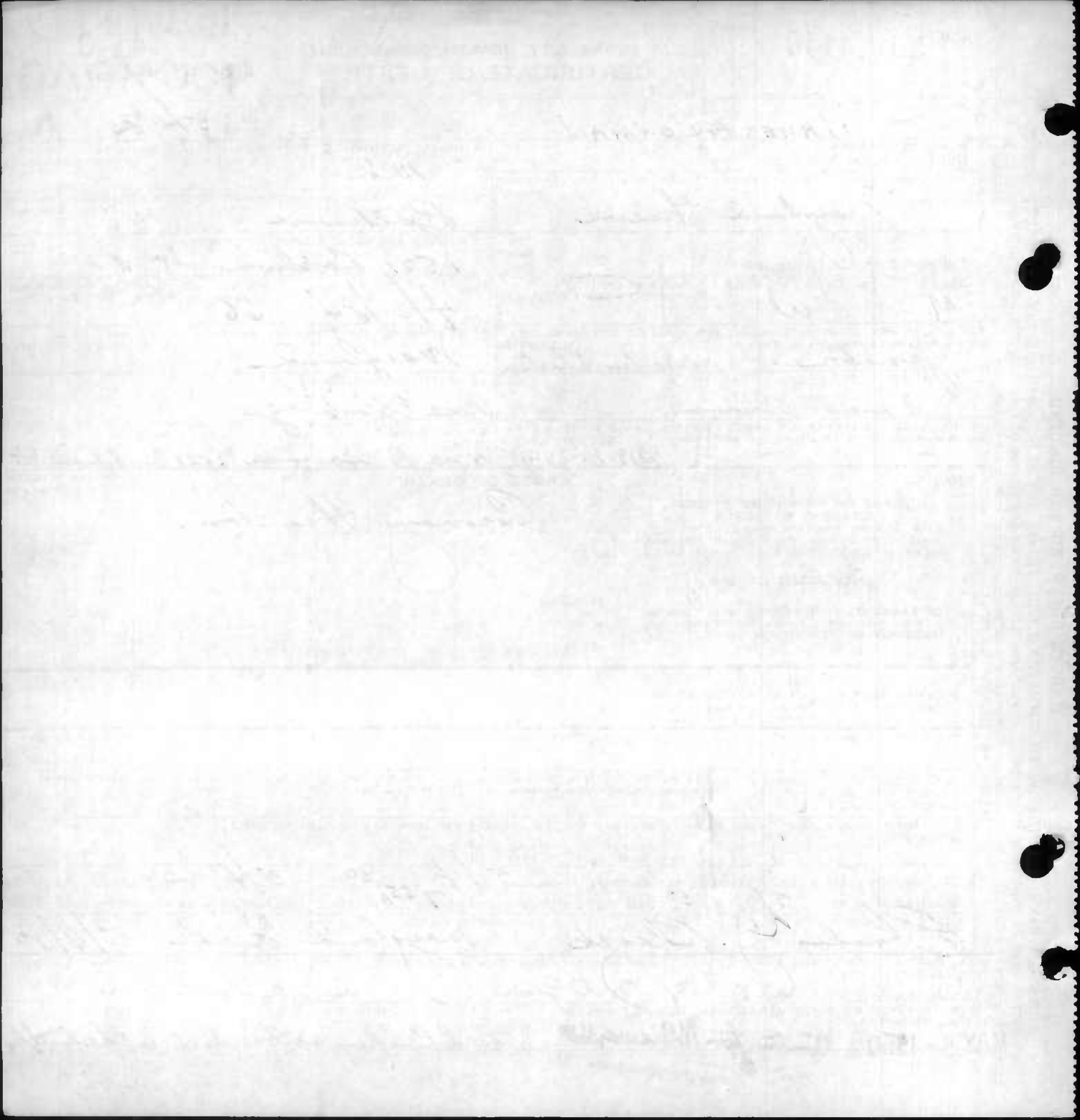
Paul E. Chensmitz 3615-12 Chestnut St

MAY 5 - 1950

VS 150

74096

94a



S-235

50 4141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4141

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William F. Suchting

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2611 W. Fairmount Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

20-02

D. STREET ADDRESS (If rural, give location)

2611 W. Fairmount Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 24, 1866

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months: Days
Hours: Min.

1

9

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Wm. Suchting & Sons

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Suchting

14. MOTHER'S MAIDEN NAME

Dorothea Grothing

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Marie E. Suchting, 2611 W. Fairmount Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Chronic Nephritis Uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Central Thrombotic Hemiplegia

DUE TO

6 months

(C)

Arteriosclerotic Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1949, to May 3, 1950, that I last saw the
deceased alive on May 3, 1950 and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Harry Ashman

23B. ADDRESS

1921 W. North Ave

23C. DATE SIGNED

May 8, 1950.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/6/50

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Violetville

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

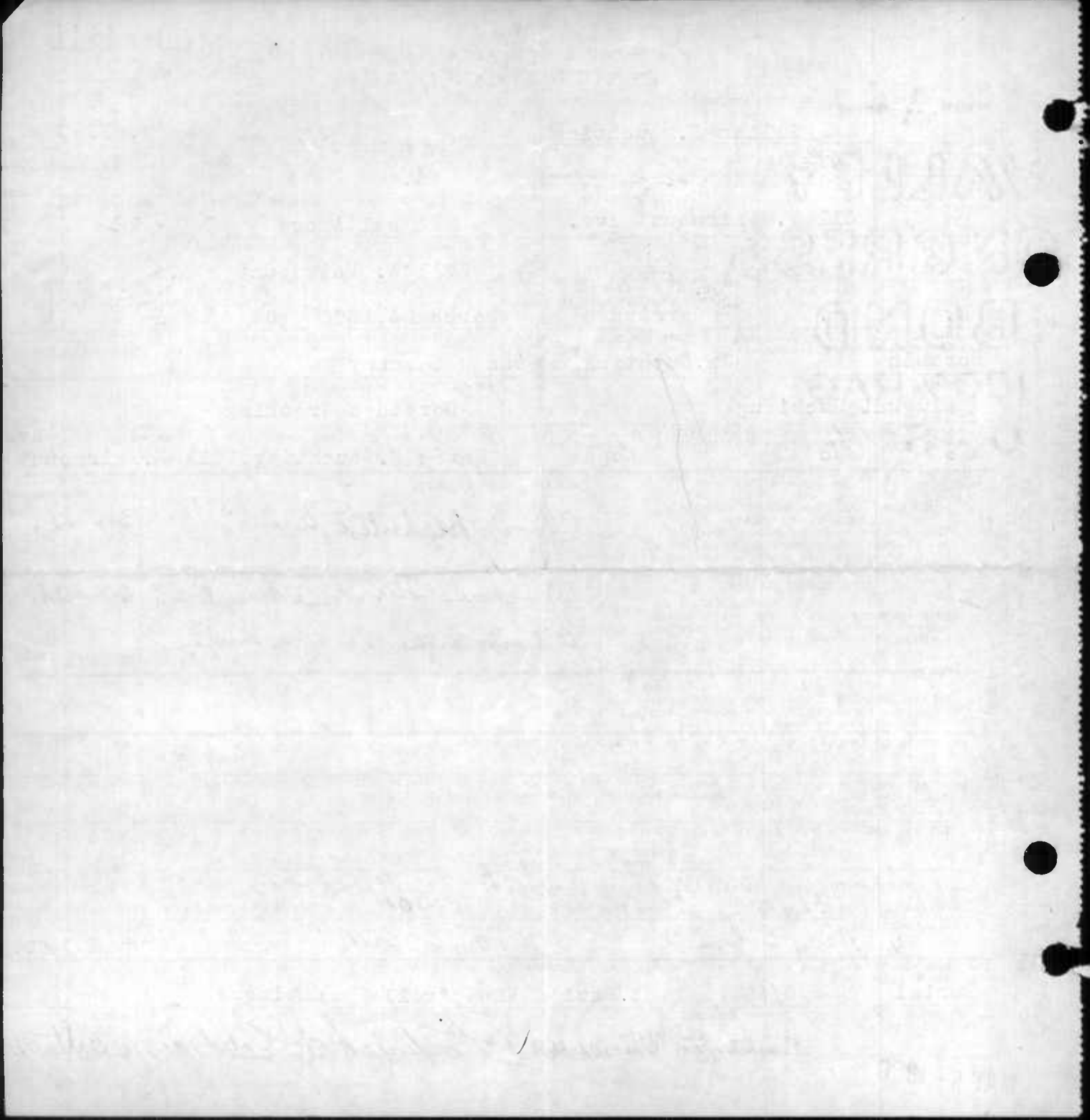
Frederick A. Cole 1913 W. Balto. St

MAY 5 - 1950

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4142

BIRTH NO. 50 4142

1. NAME OF DECEASED (Type or Print) <i>Lda Jelenko</i>			2. DATE OF DEATH <i>MAY 5, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1324 Eutaw Place</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md. 11-04</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1324 Eutaw Place.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 9, 1875</i>	9. AGE (In years last birthday) <i>74</i>	If Under 1 Year Months: <i>7</i> Days: <i>28</i> If Under 24 Hours Hours: <i>28</i> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Mark Grunebaum</i>			14. MOTHER'S MAIDEN NAME <i>Henreitta Kauffman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Carl Jelenko Jr.</i>			ADDRESS <i>3803 Menlo Dr. (15)</i>		

18. <i>443x</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Hypertensive Cardio-Vascular Disease</i>	<i>5 yrs.</i>
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Wm. H. Hammer* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED *May 5, 1950*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Cremation* 24B. DATE *May 5, 1950* 24C. NAME OF CEMETERY OR CREMATORY *Loudon Park* 24D. LOCATION (City, town, or county) (State) *Baltimore, Md.*

DATE RECEIVED BY LOCAL REGISTRAR *May 5 - 1950* REGISTRAR'S SIGNATURE *William Williams, M.D.* 25. FUNERAL DIRECTOR *David Sordheim* ADDRESS *1902 Eutaw Place*

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF ASSISTANT

NAME OF DEPUTY

NAME OF Scribe

NAME OF Notary

NAME OF Registrar

NAME OF Deputy Registrar

NAME OF Assistant Registrar

NAME OF Clerk

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50 4143

50 4143

1. NAME OF DECEASED (Type or Print) <i>Mitchell Para</i>			2. DATE OF DEATH <i>May 4 '50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i> <i>33</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Turtle Creek</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			7. STREET ADDRESS (If rural, give location) <i>1231 Walnut St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11-24-11</i>		9. AGE (In years last birthday) <i>38</i> <i>39</i>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>Car repairman</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Pen. T.R.</i>		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>023X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>occlusion of coronary artery</i> DUE TO <i>as a result of</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Syphilitic aortitis -</i> DUE TO <i>aortic regurgitation</i> <i>Syphilis, late, Cardiovascular</i>		INTERVAL BETWEEN ONSET AND DEATH <i>(?) 2 years</i>
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 3, 1950</i> to <i>May 4, 1950</i> that I last saw the deceased alive on <i>May 4, 1950</i> and that death occurred at <i>2 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edy H. H. Schenck</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/5/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>5-5-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Braddock Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Turtle Creek - Pa</i>		25. FUNERAL DIRECTOR <i>Lilly & Zeiter - 4038 Webb St</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 5 - 1950</i>					

VS 150

33447 P.O.

307

245
Dr. SawyerBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4144
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alexander Mac Callum

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4915 Morello Road

6. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-03

7. STREET ADDRESS (If rural, give location)

4915 Morello Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

8. SEX

male

9. COLOR OR RACE

white

10. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

11. DATE OF BIRTH

Dec. 14, 1884

12. AGE (In years;
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.13A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance Underwriter

13B. KIND OF BUSINESS OR
INDUSTRY

14. BIRTHPLACE (State or foreign country)

Scotland

15. CITIZEN OF
WHAT COUNTRY?

16. FATHER'S NAME

John Mac Callum

17. MOTHER'S MAIDEN NAME

Margaret Reid

18. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

19. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen D. Mac Callum, 4915 Morello

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Carcinoma of Pancreas

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

19A. DATE OF OPERATION

Oct. 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma - Pancreas

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 48, 1950, to May 4, 1950, that I last saw the
deceased alive on May 2, 1950, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Sawyer M. D.

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

5/4/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-6-50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

MAY 5 - 1950

VS 150

27480

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WALLACE
CONFIDENTIAL

SECRET

NOV 1964

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

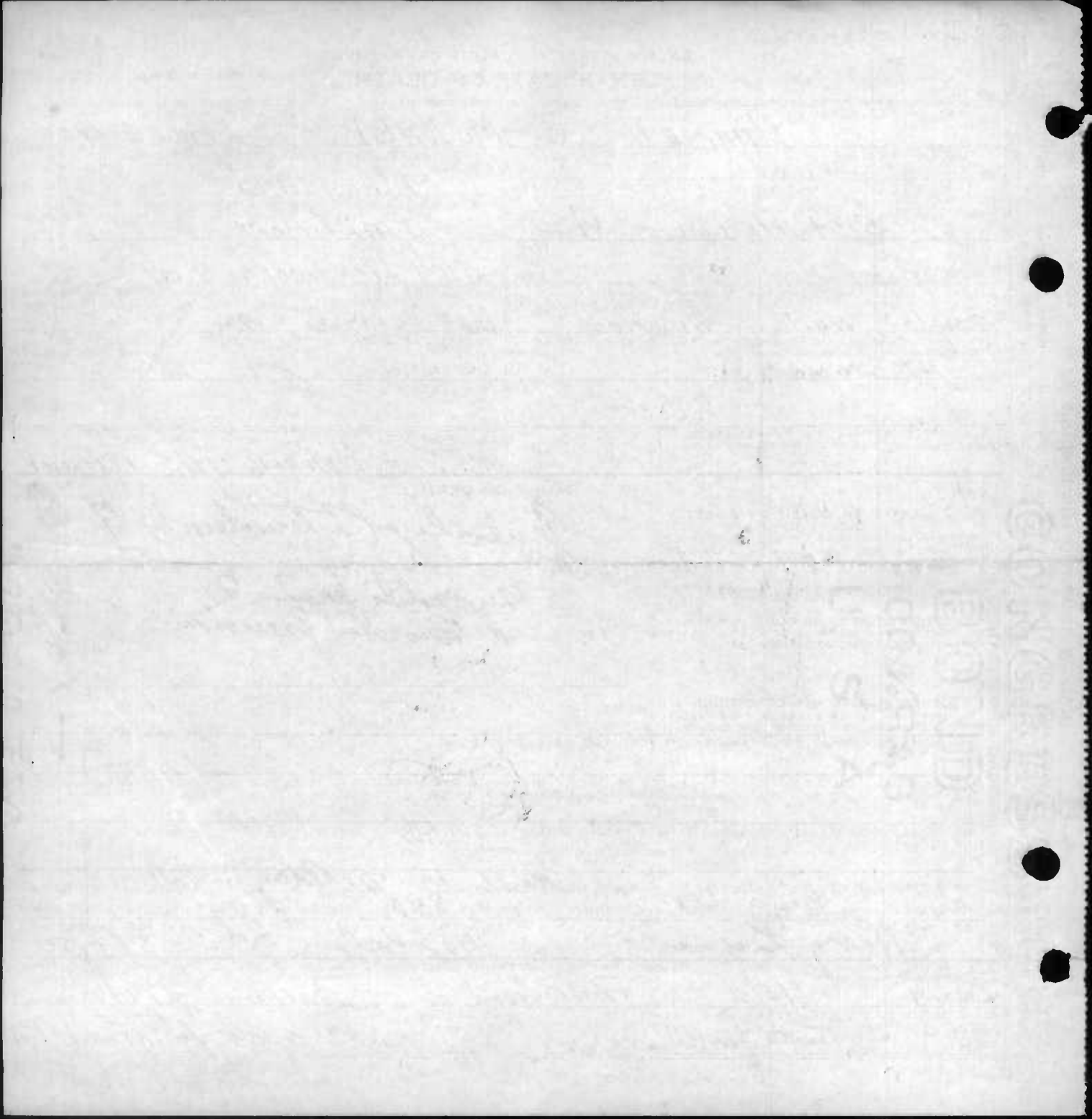
M-251 Dr. hachmann
50 4145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4145
Registered No.

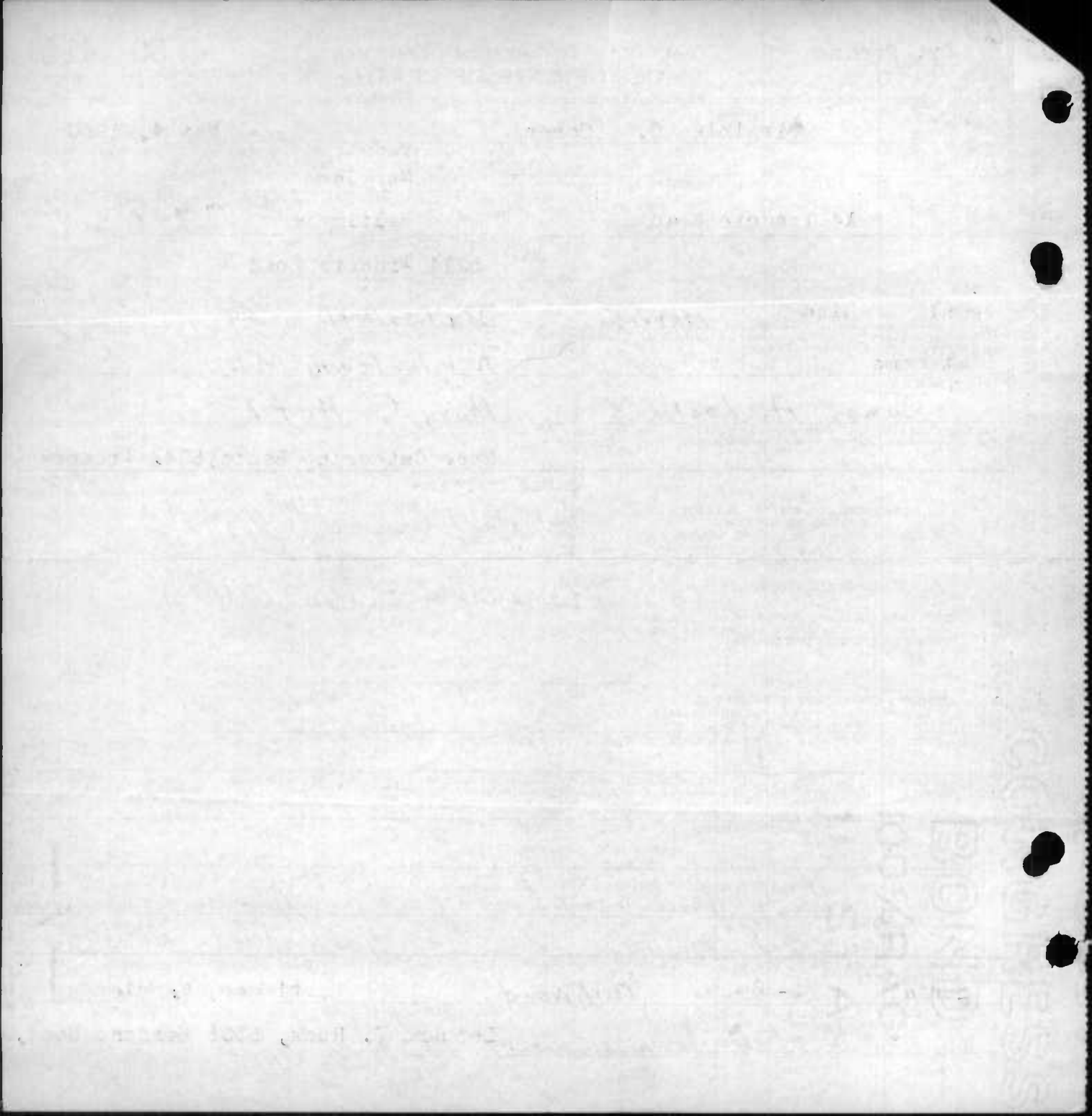
BIRTH NO.		1. NAME OF DECEASED (Type or Print) HARRIETT S. McNABB		2. DATE OF DEATH May 3-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 5109 ARDMORE WAY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5109 ARDMORE WAY			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH MAR. 30-1866	9. AGE (In years, last birthday) 84	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) London	
13. FATHER'S NAME Pocock		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MR. F. G. McNABB - 7915 TILMONT	

18. 422.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized Enterocolitis		?	
ANTECEDENT CAUSES		(B) Myocardial Infarct		2 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Bronchial Pneumonia			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 10, 1950 , to May 3, 1950 , that I last saw the deceased alive on May 3, 1950 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Lehman		23B. ADDRESS 4930 Belair Rd.		23C. DATE SIGNED 5/4/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/5/50	24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	24D. LOCATION (City, town, or county) (State) Balto Md.	25. FUNERAL DIRECTOR ADDRESS L. J. Ruck - 5305 HARTFORD Rd.	



50
Dr. Brennan
4146BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4146
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Virginia G. Doran		2. DATE OF DEATH May 4, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5214 Tramore Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5214 Tramore Road			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 15 - 1891	9. AGE (in years, last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Reister Town, Md.	
13. FATHER'S NAME James A. Lockard		14. MOTHER'S MAIDEN NAME Mary C. Ho77			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Catherine Barto, 5214 Tramore	
18. 170 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma (rt. Thy. Neck) (A) DUE TO		CAUSE OF DEATH Carcinoma of Breast (rt.) (B) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) ...			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 15 1945 to May , 19 50 that I last saw the deceased alive on May 4 , 19 50 , and that death occurred at 4 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas J. Brennan M. O.		23B. ADDRESS 5217 Harford Rd		23C. DATE SIGNED 5-5-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-8-50		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 5 - 1950		REGISTRAR'S SIGNATURE Thurston Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4147

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johanna Asehemeyer

2. DATE
OF
DEATH

May 4-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

5 WEEKS.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie Route 2 Box 444

D. STREET ADDRESS (If rural, give location)

Stewart Ave. S.W. 5200

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife (Ret.)

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

JOHANN HOHEISAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

B. DATE OF BIRTH

8-15-1882

9. AGE (In years last birthday)

68

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

ANNA HOPPE.

17. INFORMANT

Hilda Asehemeyer Stewart Ave. N.W.

ADDRESS

18. 260X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebro-vascular accident

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

72 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

Diabetes Mellitus

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-2-50

19B. MAJOR FINDINGS OF OPERATION

Gangrene Right foot

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28 1950, to 5-4 1950, that I last saw the deceased alive on 5-4 1950, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Lucas

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

5-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

APRIL 6, 1950

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

GLEN BURNIE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Lucas

25. FUNERAL DIRECTOR

Thomas W. Siefert GLEN BURNIE, MD

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 10 1913

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY,
WASHINGTON, D. C.

FROM THE DIRECTOR, BUREAU OF PLANT INDUSTRY,
WASHINGTON, D. C.

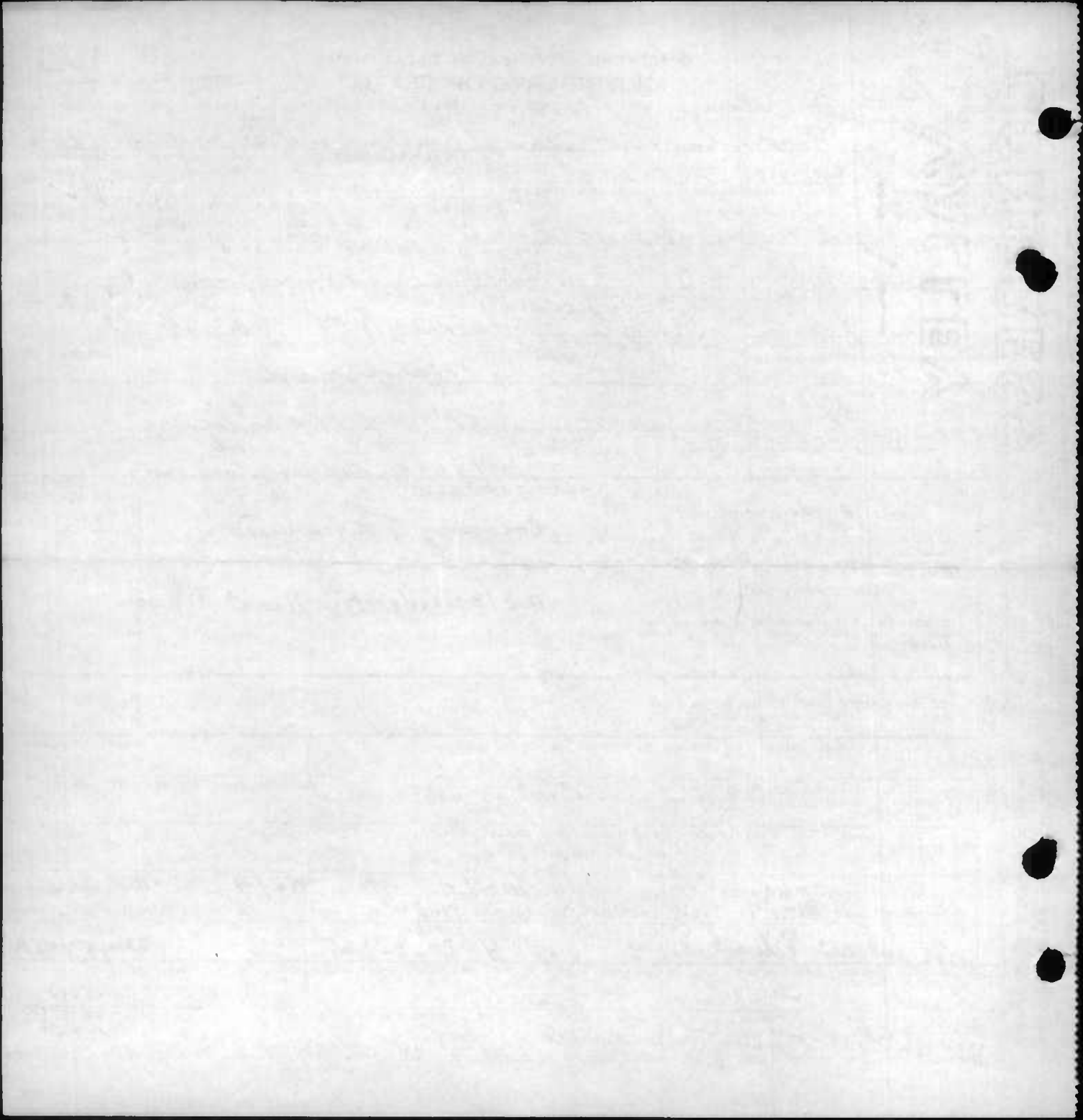
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4148**BIRTH NO. **50 4148**

1. NAME OF DECEASED (Type or Print) <i>Matilda Katherine Gausman</i>			2. DATE OF DEATH <i>May 4 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1400 W. Lexington St.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Aged Women's and Aged Men's Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1400 W. Lexington St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan. 23 1858</i>	9. AGE (in years last birthday) <i>92</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>John Gausman</i>			14. MOTHER'S MAIDEN NAME <i>Mary Noelker</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <i>L.H. Read</i> ADDRESS <i>1400 W. Lexington St.</i>		

18. <i>420.0 I</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Thrombosis</i>		
DUE TO				
ANTECEDENT CAUSES		(B) <i>arteriosclerotic Heart Disease</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>May 1</i> , 19 <i>50</i> , to <i>May 4</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>May 4</i> , 19 <i>50</i> , and that death occurred at <i>11:30 P</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Neal and Edward Day</i>		23B. ADDRESS <i>4-E-3340 ST -18</i>		23C. DATE SIGNED <i>May 5, 1950</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>5/8/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 - 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. C. Co. Inc.</i> ADDRESS <i>217 St. Paul St</i>		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4149
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA T. CROWN

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
BaltimoreB. FULL NAME OF
HOSPITAL OR
INSTITUTION

100 W. Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ruxton

5300

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 9, 1869

9. AGE (In years
last birthday)

80

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None, Never employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Randolph Crown

14. MOTHER'S MAIDEN NAME

Ellen Staub

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs Arthur Shanklin, Jr. 916 N. Calvert St.

1B.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

18 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive cardio
vascular dis

? yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19⁵⁰, to May 4⁵⁰, that I last saw the
deceased alive on May 19⁵⁰, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Williams

M. D.

23B. ADDRESS

Towson, Md

23C. DATE SIGNED

5 May 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5.6/50

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 6 - 1950

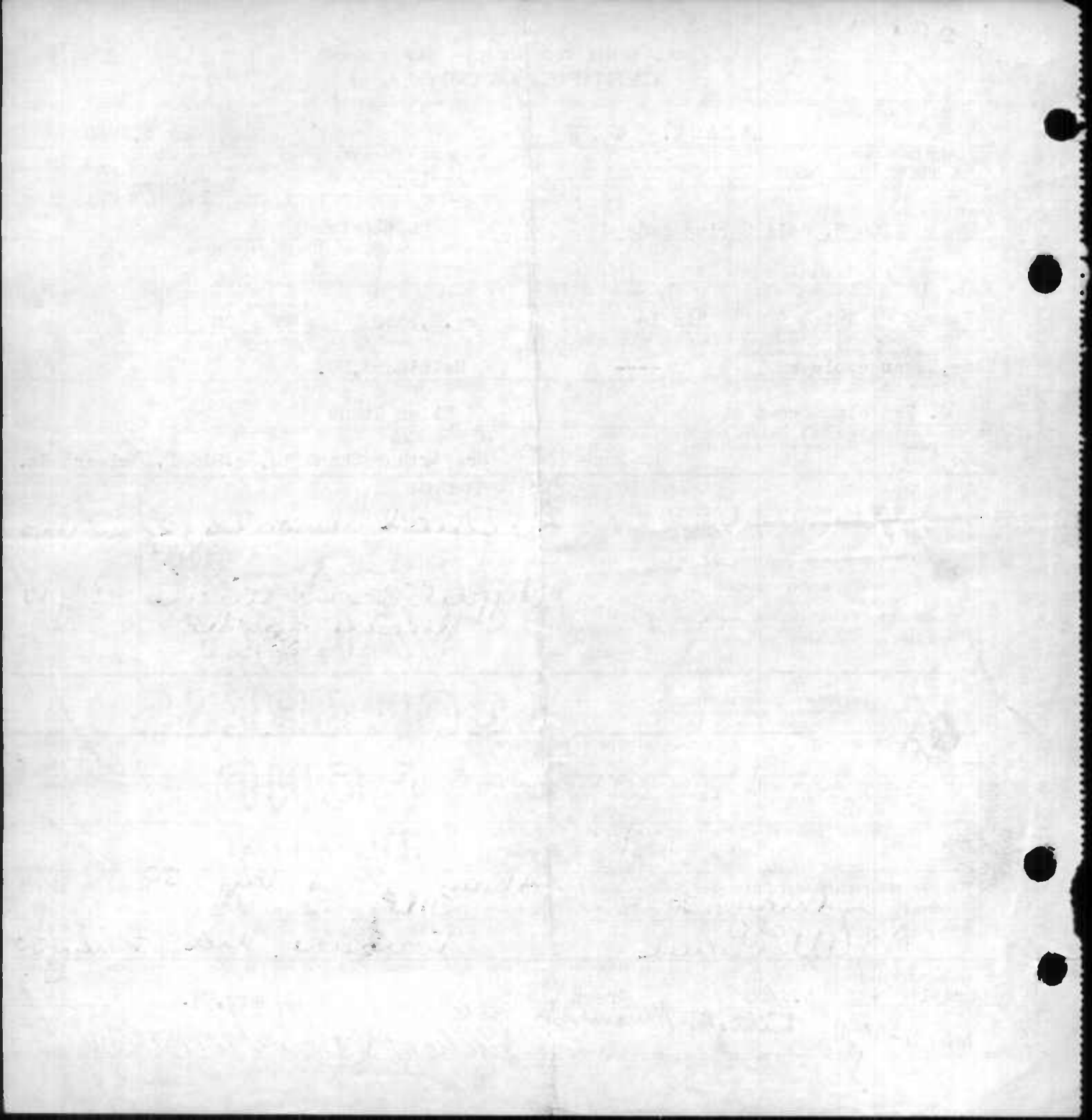
REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

William H. Williams, M.D. 1217 5th Ave St

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4150

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL M BURNS

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1145 Ward Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/22/1892

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance Man

10B. KIND OF BUSINESS OR
INDUSTRY

Gas Company

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Burns

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sadie I. Burns 1145 Ward Street

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

G. J. Mc Clearty

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/50

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Pittsfield Highway

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 6 1950

REGISTRAR'S SIGNATURE

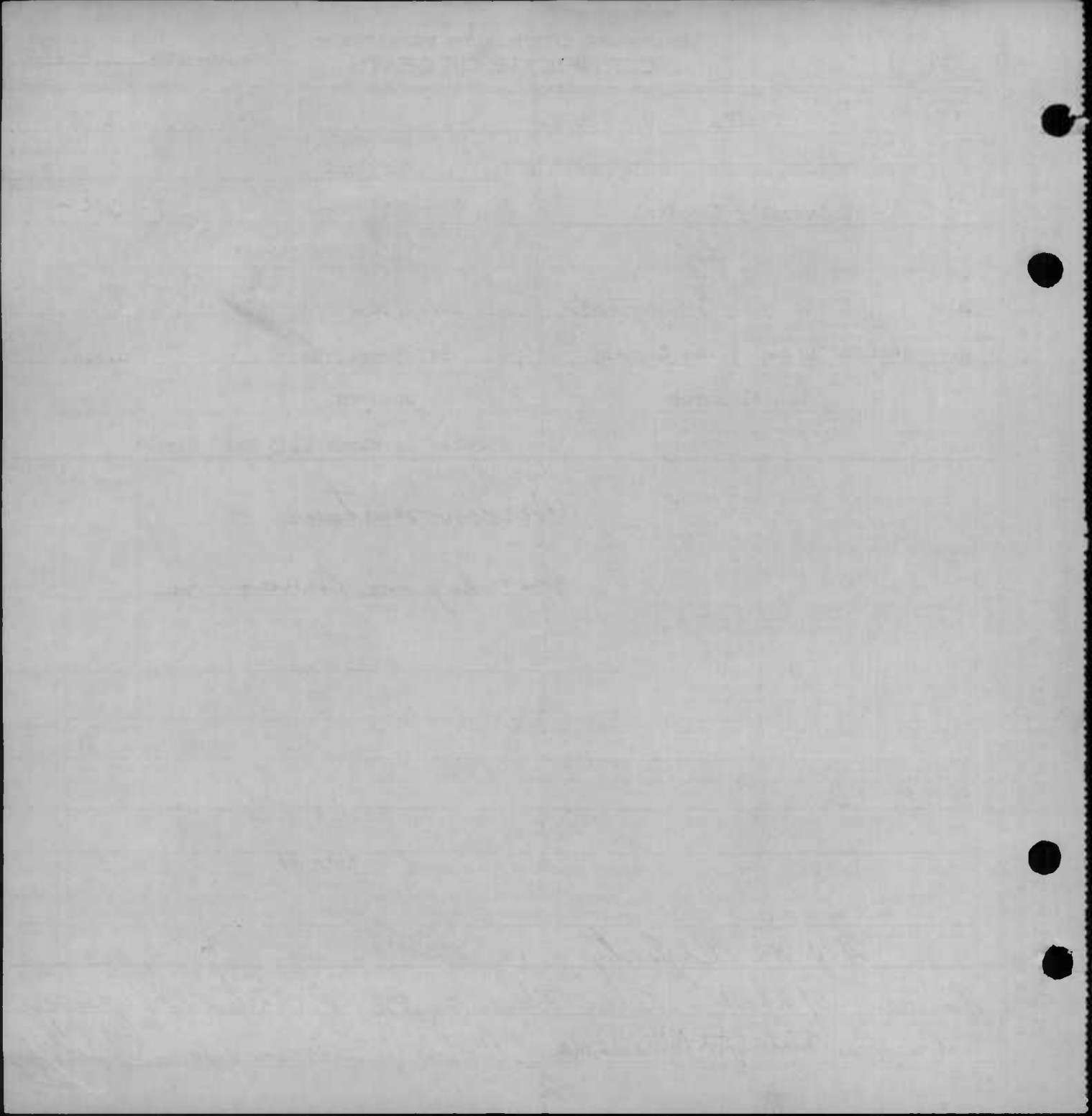
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Lawan & Son

ADDRESS

2801 St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4151
Registered No.

BIRTH NO.

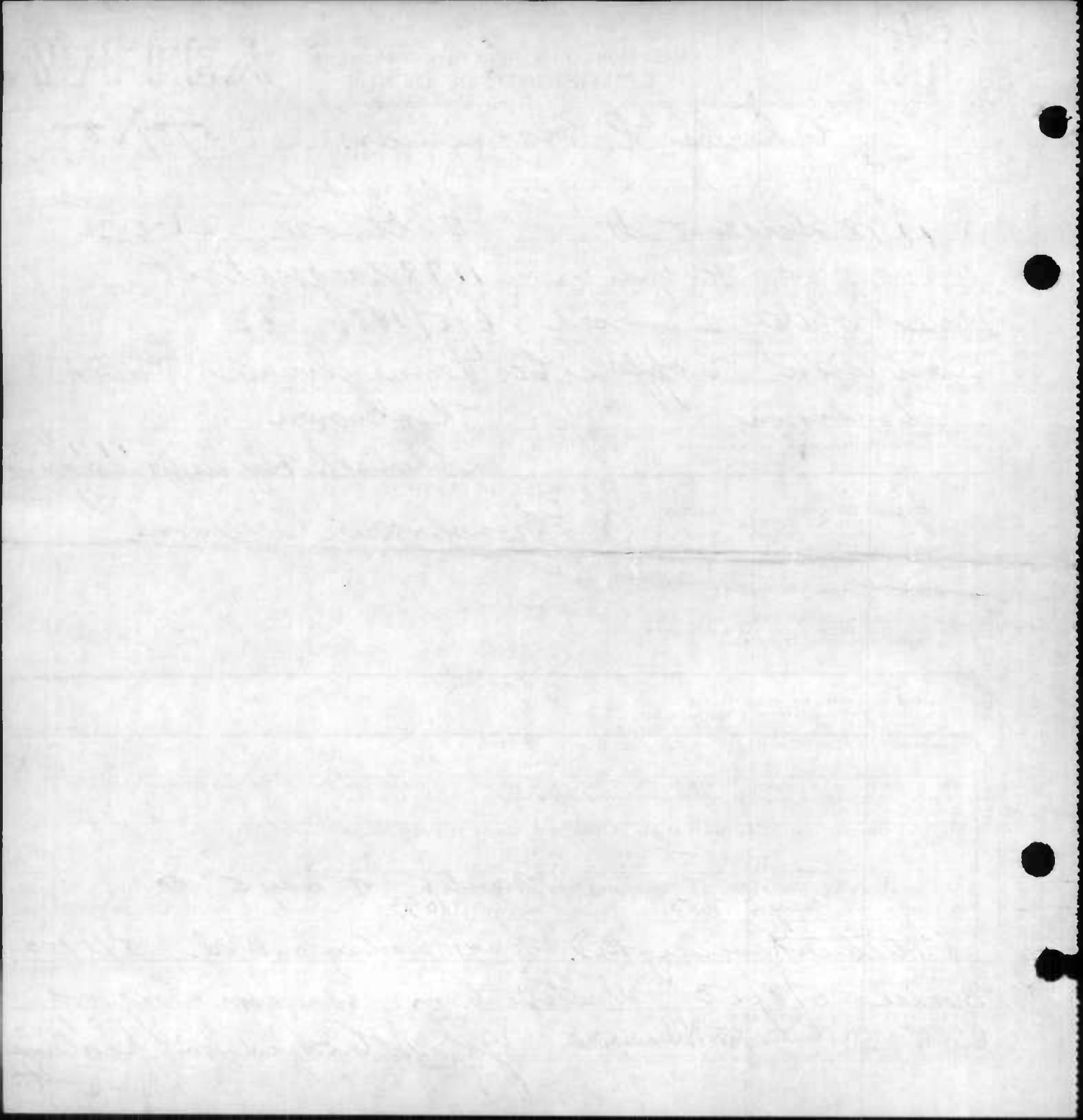
1. NAME OF DECEASED (Type or Print) <i>Charles R. Harnis Jr.</i>			2. DATE OF DEATH <i>5/5/50</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1178 Sargeant St.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>40 yrs</i>			d. STREET ADDRESS (If rural, give location) <i>1178 Sargeant St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>6/5/1886</i>		9. AGE (In years last birthday) <i>63</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Coppers Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT ADDRESS <i>Mr Charles R. Harnis Jr. 1178 St. Sargeant</i>		

MARGIN RESERVED FOR BINDING

18. <i>162X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Bronchogenic Carcinoma</i>		CAUSE OF DEATH (A) <i>Bronchogenic Carcinoma</i> DUE TO (B) DUE TO (C) 	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 6, 1947</i> to <i>May 5, 1950</i> , that I last saw the deceased alive on <i>May 3, 1950</i> , and that death occurred at <i>10:00 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>William H. D. Roach</i>		23b. ADDRESS <i>2411 Washington Blvd.</i>		23c. DATE SIGNED <i>5/5/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/8/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Western Cem.</i>	
24d. LOCATION (City, town, or county) (State) <i>Edmondson + Longwood</i>		25. FUNERAL DIRECTOR <i>John J. Cowan & Son</i>		ADDRESS <i>47c St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 6 1950</i>		REGISTRAR'S SIGNATURE <i>William H. D. Roach</i>			

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4152

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rosemary Murphy

2. DATE
OF
DEATH

May 4th. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

21 N. Clinton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

21 N. Clinton St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Nov. 26th. 1869

9. AGE (in years
last birthday)

81

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel N. McCarty

14. MOTHER'S MAIDEN NAME

? Rudolph

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary E. Mauler 21 N. Clinton St

18.

794X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to May 4, 1950, that I last saw the
deceased alive on May 4, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/8/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

Anne Arundel County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 - 1950

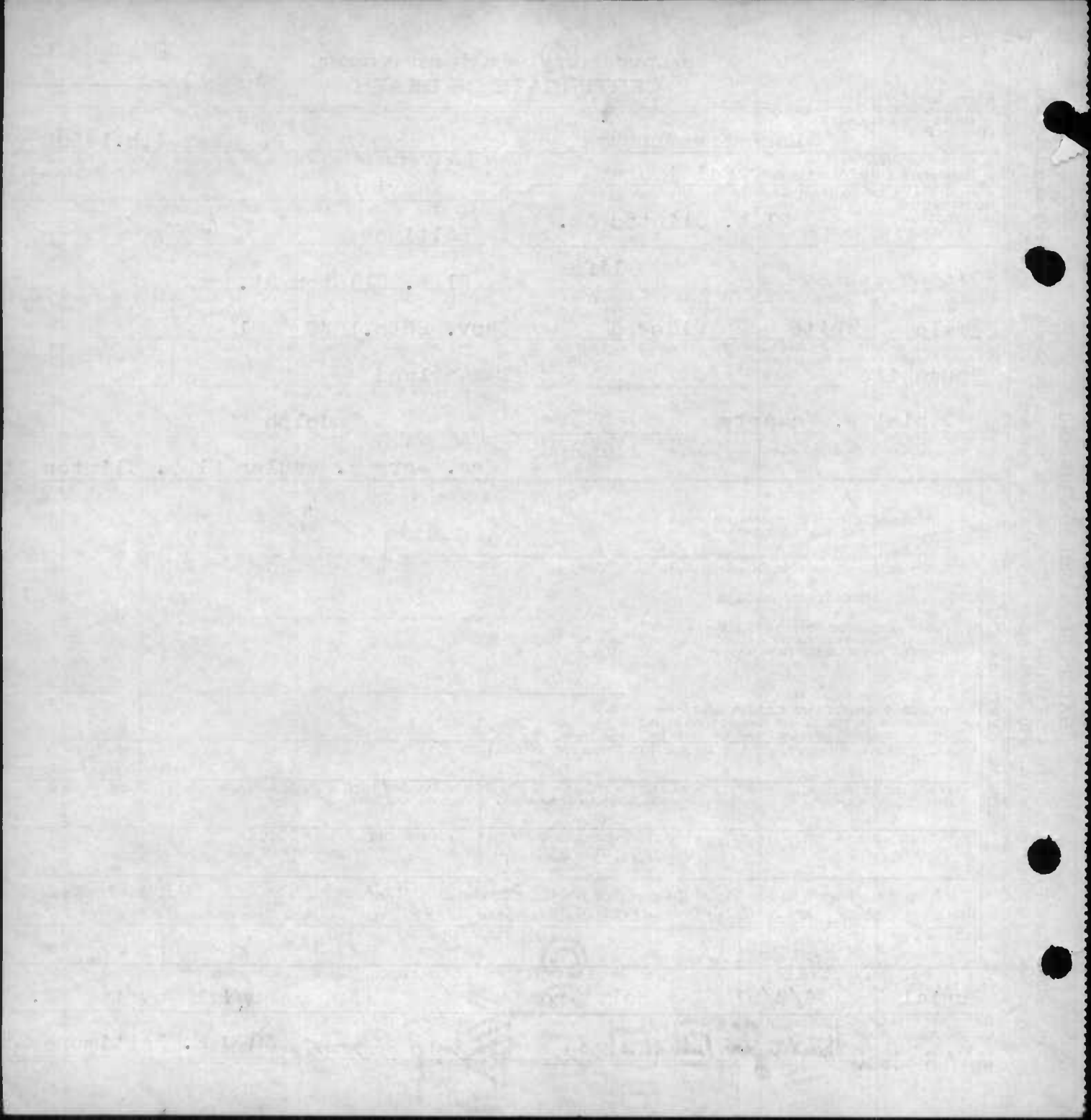
Huntington Williams, M.D.

John A. Moran

3000 E. Baltimore St

VS 150

162 B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4153**BIRTH NO. **50 4153**1. NAME OF DECEASED
(Type or Print)

SADYE

EVANS

2. DATE
OF
DEATH

May 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

211 N. Pine Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 2, 1914

9. AGE (In years
last birthday)

36

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Picker

10B. KIND OF BUSINESS OR
INDUSTRY

Tobacco Factory

11. BIRTHPLACE (State or foreign country)

Concord N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Selas F. Low

14. MOTHER'S MAIDEN NAME

Lola Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

243-10-4396

17. INFORMANT

Remus Evans- 704-
Freemantle

18.

171X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of cervix uteri.

ANTECEDENT CAUSES

(B) Pyonephrosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

May 3, 1950

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-6-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 6 1950

REGISTRAR'S SIGNATURE

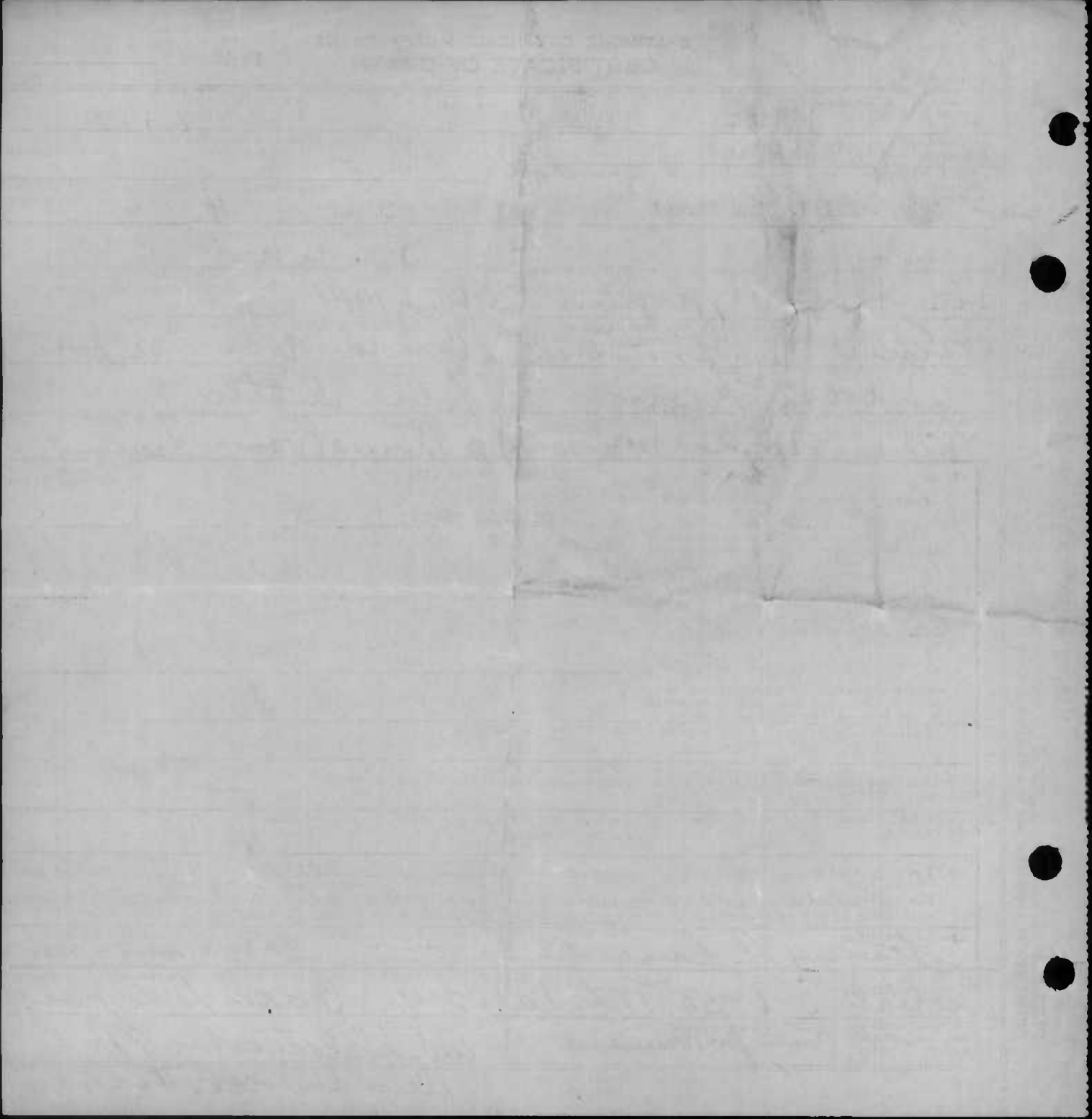
William Williams, Jr.

25. FUNERAL DIRECTOR

A. Helstead- 918-✓

ADDRESS

496 X6 Shind Hill Ave. 48a



MS--137738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4154

Registered No.

50 4154
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Young			2. DATE OF DEATH May 3, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 510 N. Gilmore St. Zone 17		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-7-1867	9. AGE (In years last birthday) 82	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Laborer			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Natty Young (Deceased)			14. MOTHER'S MAIDEN NAME Elizabeth Neal (Deceased)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records* 4940 Eastern Ave.			ADDRESS		

18. **061X E9130**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)(A) **Tetanus**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia19A. DATE OF OPERATION **2**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
Accident, car driving21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Apr 26, 195021E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Head splinter in heel for about 1 week, no treatment22. I hereby certify that I attended the deceased from **5-2-**, 1950, to **5-3-**, 1950, that I last saw the deceased alive on **5-3-**, 1950, and that death occurred at **4:30P m.**, from the causes and on the date stated above.23A. SIGNATURE
R. S. Vogen

M. D.

23B. ADDRESS
4940 Eastern Ave.23C. DATE SIGNED
5-5-195024A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5-8-5024C. NAME OF CEMETERY OR CREMATORY
Mt. Zion Cemetery

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
MAY 6 1950REGISTRAR'S SIGNATURE
Wm. H. Williams, M.D.25. FUNERAL DIRECTOR
A. HalsteadADDRESS
918 -**Union Hill Ave.**

5-2-80.

Spencer in heat.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4155
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Mary Constance de Roode*

2. DATE OF DEATH
5-6-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Hospital For Women of Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore *35*
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)
St. Paul and 31st Sts HOPKINS APTS

5. SEX
7

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
2-8-70

9. AGE (In years last birthday) *80*
If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Restaurant Owner

10B. KIND OF BUSINESS OR INDUSTRY
Restaurant

11. BIRTHPLACE (State or foreign country)
Charles Co.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME
William Jameson

14. MOTHER'S MAIDEN NAME
Margaret Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Richard Maxwell 157 W. Lomax St.

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Edema*

DUE TO

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic Heart Disease*

DUE TO

5 yrs

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-6*, 19*50*, to *5-6*, 19*50*, that I last saw the deceased alive on *5-6*, 19*50*, and that death occurred at *3:12* p. m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Smith, Jr.

M. D.

23B. ADDRESS

Women's Hosp Balto. 17, Md

23C. DATE SIGNED

5/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-8-50

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Church

24D. LOCATION (City, town, or county)

BRYANTOWN, CHARLES CO. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Home 1900 Eutaw Place

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4156

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MINNIE I. BARNHART

2. DATE
OF
DEATH

MAY 4-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MARYLAND

HOSPITAL OR INSTITUTE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

143-N-MONASTERY AVE

Baltimore

20-07

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

143-N-MONASTERY AVE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

At Home

Baltimore-Md.

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

James McGee

Sarah Mann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

None

None

George A. Barnhart - Same

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac Failure

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Left Hemiplegia
Cardiovascular Renal Disease 4 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/10, 1947, to 5/4, 1950, that I last saw the deceased alive on 5/4, 1950 and that death occurred at 2 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph E. Rauschitz

M. D.

679 Washington Blvd

5/5/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 8-50

London Pk. Cem. Balto.

29 Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 1950

Huntington Williams, M.D.

F. R. Whippert & Son

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 4157

BIRTH NO. 50 4157

1. NAME OF DECEASED (Type or Print) <u>Frederick C. Leidig</u>			2. DATE OF DEATH <u>5/3/50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>418 Bon Secours Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>20-08</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>4118 Walnut Ave</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11/9/85</u>	9. AGE (In years last birthday) <u>64</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Confectionery</u>		
11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Bernhardt Leidig</u>			14. MOTHER'S MAIDEN NAME <u>Katherine Weiske</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>Mary J. Leidig</u>			ADDRESS <u>Same</u>		

18. <u>157 X 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of Pancrease</u> DUE TO (A) _____	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____		

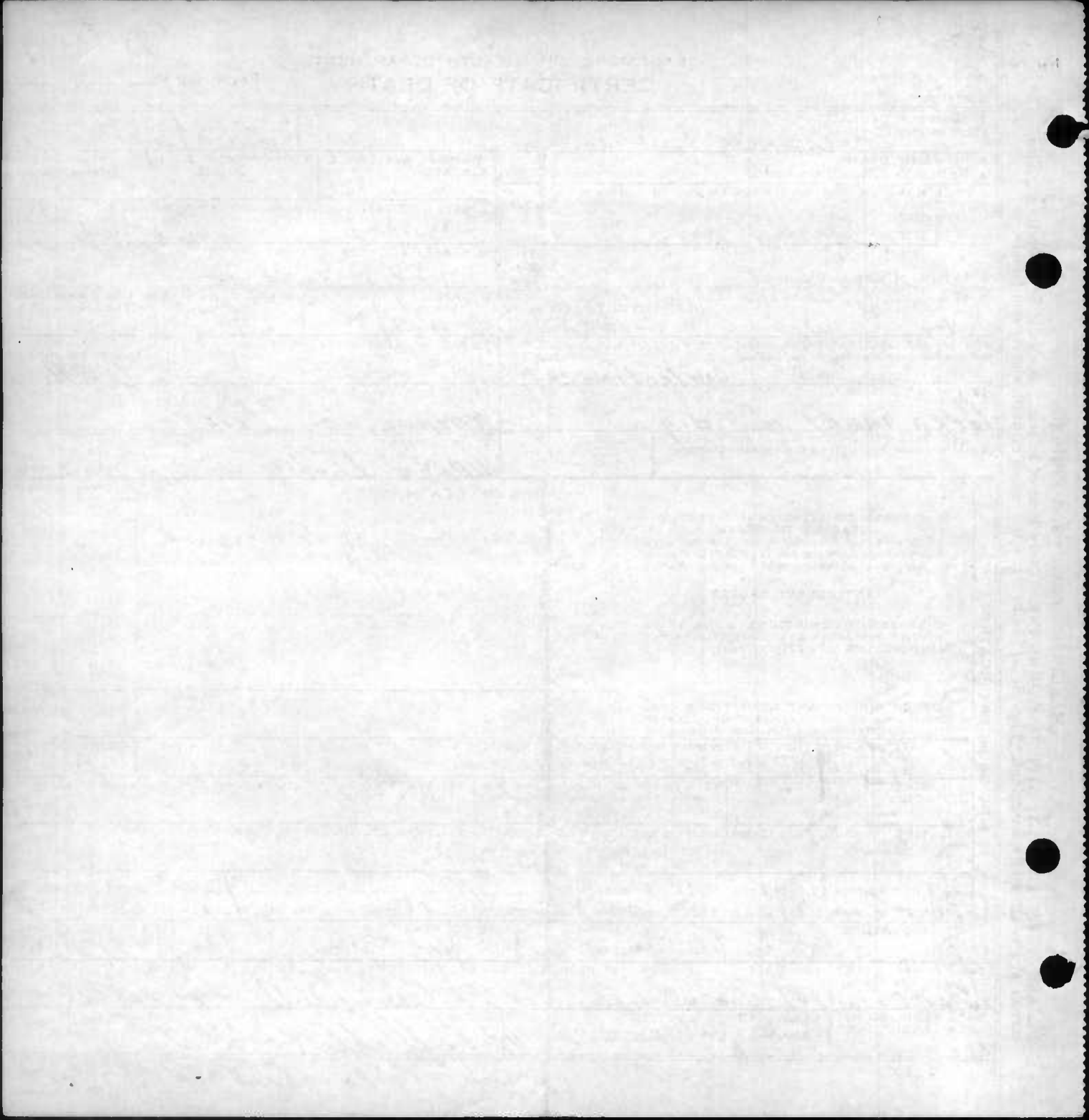
19A. DATE OF OPERATION <u>4/24/50</u>	19B. MAJOR FINDINGS OF OPERATION <u>metastatic Ca - Pancrease</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>4/24</u> 19 <u>50</u> , to <u>5/3</u> 19 <u>50</u> , that I last saw the deceased alive on <u>5/3</u> , 19 <u>50</u> , and that death occurred at <u>9 PM</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Frank R. Laramie, M.D.</u>	23B. ADDRESS <u>Bon Secours Hosp.</u>	23C. DATE SIGNED <u>5/3/50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>MAY 6-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Goodwin Pk. Cem. Bldg. 29-111d</u>
24D. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR <u>J. P. Wiggert & Son</u>	ADDRESS _____

MAY 6 - 1950

VS 150

15661

1300 East Ave. 17
469



PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4158

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maroo Jelivich

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
New JerseyB. COUNTY
before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

US Marine Hospital, Balto., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Seaside Heights

D. STREET ADDRESS (If rural, give location)

132 Webster Avenue

c. Length of stay in Baltimore

Unk

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19, 1890

9. AGE (In years

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Jelivich

14. MOTHER'S MAIDEN NAME

Hatherine Jelivich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

unk

17. INFORMANT

ADDRESS

Records - Marine Hospital, Balto., Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pulmonary embolism

Approx.

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Thrombophlebitis, bilateral, involving femoral and iliac veins

Approx.

1 mo.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 19 50, to May 5, 19 50, that I last saw the deceased alive on May 5, 19 50, and that death occurred at 5:14 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

U.S. Marine Hospital, Baltimore, Md. 5-6-50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 1950

VS 150

460 51

100B

CRIMINAL RECORDS OF DEATH

1900-1901

1902-1903

1904-1905

1906-1907

1908-1909

1910-1911

1912-1913

1914-1915

1916-1917

1918-1919

1920-1921

1922-1923

1924-1925

1926-1927

1928-1929

1930-1931

1932-1933

1934-1935

1936-1937

1938-1939

1940-1941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4159

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lynn Walsh

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Ohio

B. COUNTY

V-32

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Clinton

D. STREET ADDRESS (If rural, give location)

R.D. #2

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-11-48

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

8 24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Walsh

14. MOTHER'S MAIDEN NAME

Lois Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cardiac Failure following
asymptomatic
congenital heart
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/5/50

19B. MAJOR FINDINGS OF OPERATION

Transposition of Great Vessels

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2-1950 to 5-5-1950 that I last saw the deceased alive on 5-5-1950 and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. P. John

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5/6/50

24C. NAME OF CEMETERY OR CREMATORY

Clinton Union

24D. LOCATION (City, town, or county)

Clinton Union Ohio

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

24E. FUNERAL DIRECTOR

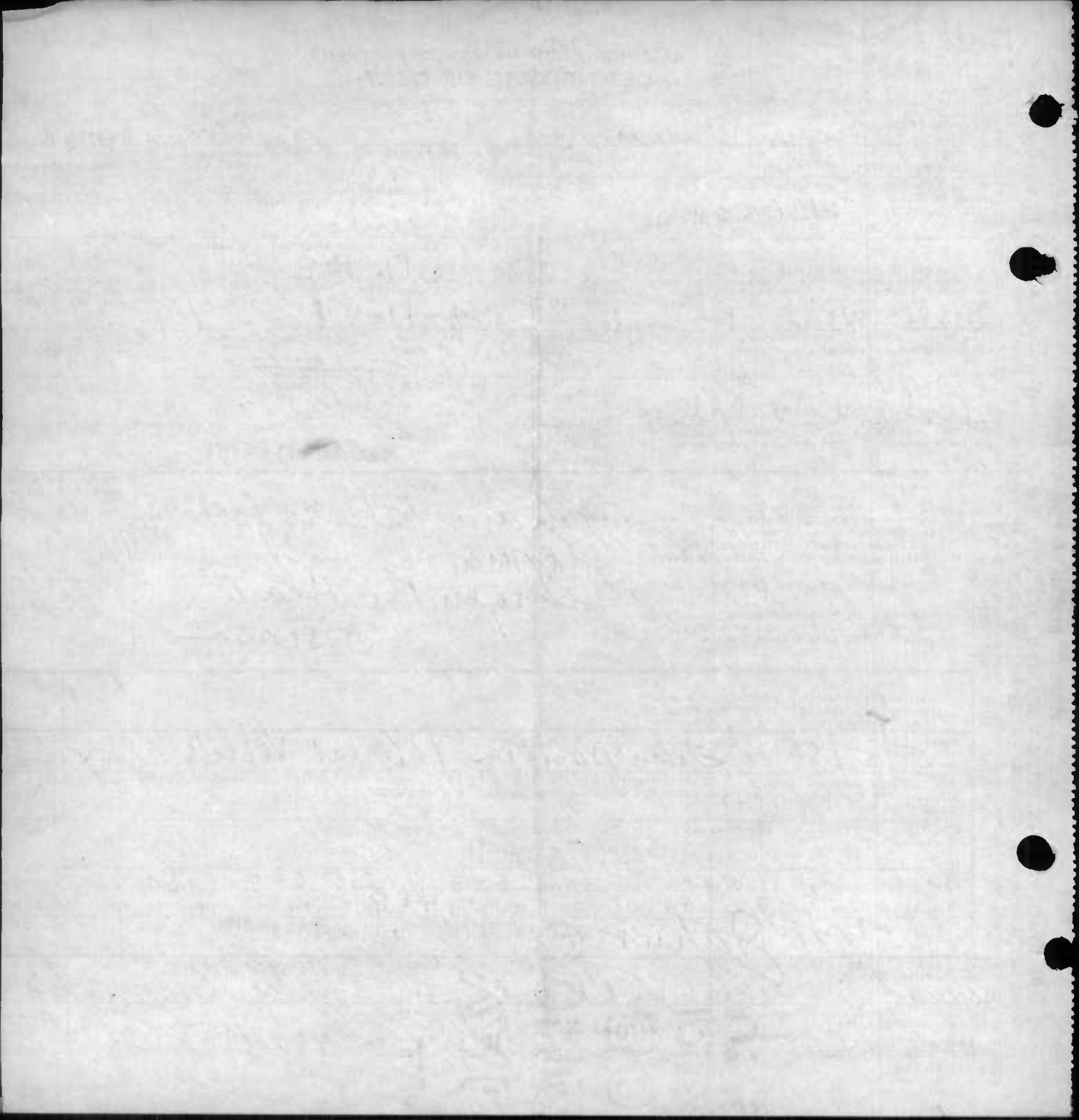
1219 St Paul St

ADDRESS

MAY 6 1950

VS 150

157E



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE CORRECTED 5-10-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4160

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

2. DATE
OF
DEATH

5/5/50

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 057.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐22. I hereby certify that I attended the deceased from 3/5, 1950, to 5/5, 1950, that I last saw the
deceased alive on 5/5, 1950, and that death occurred at 7:50 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

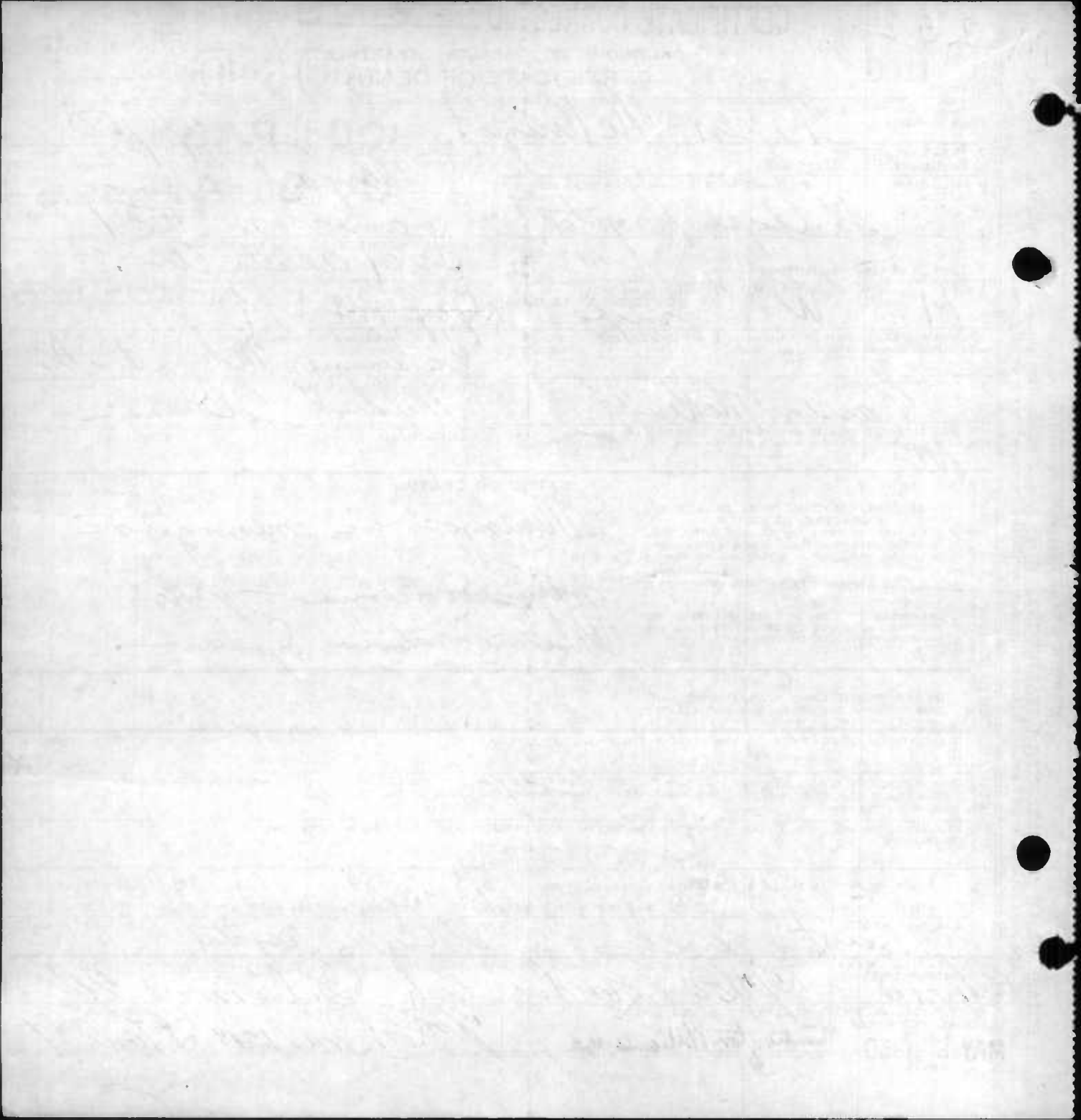
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 1950
VS-150



BALTIMORE CITY HEALTH DEPARTMENT

50 4161

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 1161 50-09040

1. NAME OF DECEASED
(Type or Print)

Baby Boy Hubbs

2. DATE
OF
DEATH

5/4/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

St. Agnes

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

500 Bloomingdale

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/2

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Hubbs

14. MOTHER'S MAIDEN NAME

Rose Ascelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

760.51

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Intercriminal injury

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

30 hrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph T. Murray

M. D.

23B. ADDRESS

St. Agnes Hosp. Balto

23C. DATE SIGNED

5-5-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BORIAL

MAY 6 50

NEW CATHEDRAL

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 6 1950

Huntington Williams, M.D.

Harry J. Witke 401 EDWARDS

<p> <i>White</i> <i>11.4</i> <i>200</i> <i>1/2</i> <i>100</i> <i>100</i> </p>	<p> <i>White</i> <i>11.4</i> <i>200</i> <i>1/2</i> <i>100</i> <i>100</i> </p>
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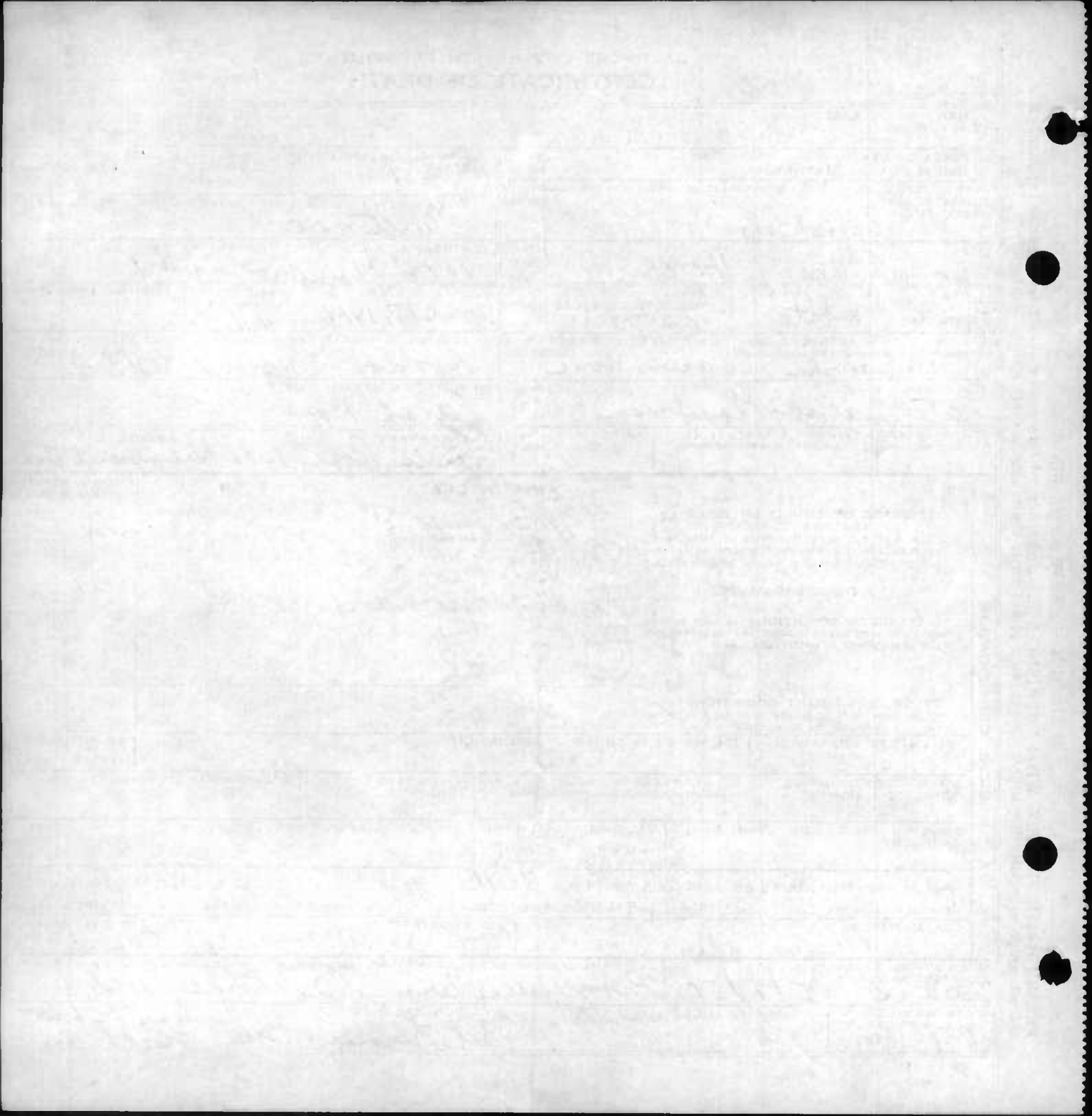
R-200
50 4162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4162
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DORA ROSE		2. DATE OF DEATH MAY 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01			
C. Length of stay in Baltimore 40 YRS.		D. STREET ADDRESS (If rural, give location) 1016 Greenmount Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 15, 1906	9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) London, England	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Late Jacob Goodman		14. MOTHER'S MAIDEN NAME Sarah Fox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Louis Rose 1016 Greenmount Ave	
18. 170 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma, Generalized DUE TO 3 1/2 yrs		CAUSE OF DEATH 3 1/2 yrs		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Breast DUE TO 3 1/2 yrs					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAY 1, 1950 , to MAY 6, 1950 , that I last saw the deceased alive on MAY 6, 1950 , and that death occurred at 8:20 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE David Auld		23B. ADDRESS M. O. University Hospital		23C. DATE SIGNED May 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/7/50		24C. NAME OF CEMETERY OR CREMATORY Progressive Verein	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Sal. Lennon & Bros		ADDRESS 1124 - 56 W North Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAY 7 - 1950		REGISTRAR'S SIGNATURE [Signature]			

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



A-236 4163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4163
Registered No.

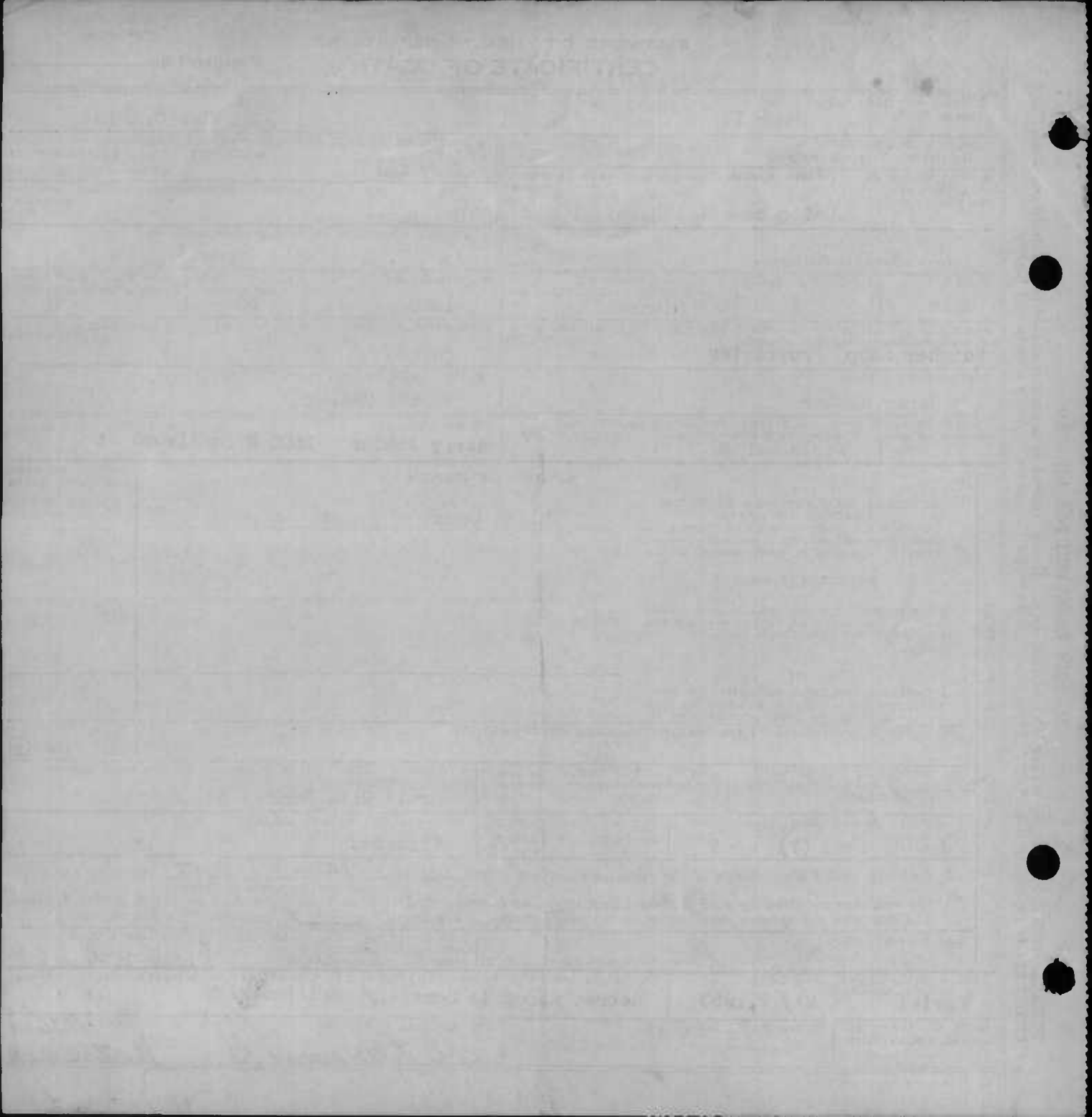
BIRTH NO.		1. NAME OF DECEASED (Type or Print) MORRIS ACHTAR		2. DATE OF DEATH May 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1800 N. Smallwood Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1920	9. AGE (In years last birthday) 30	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher Shop Proprietor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Harry Achtar		14. MOTHER'S MAIDEN NAME Bertha Sherman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes World War #2		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Harry Achter 1800 N Smallwood St	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E 976 I Bullet wound of chest (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Park		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Druid Hill Park	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 5, 1950 (?) ? m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunsen M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-6-50	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 7, 1950		24C. NAME OF CEMETERY OR CREMATORY Hebrew Rosedale Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Christington Williams, M.D.		25. FUNERAL DIRECTOR Sol Lewinson & Bros		ADDRESS 1126 W North ave	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JONAS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
2802 S. York Ave.

c. Length of stay in Baltimore

42 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1886

AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hardware Business Own

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Meyers

14. MOTHER'S MAIDEN NAME

Hannah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S NAME ADDRESS
David Meyers 3754 Dolfield Ave

18.

E951X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) acute yellow atrophy
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Homologous serum jaundice
DUE TO

3 wks

(C) Blood transfusions

3 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26, 1950 to 5-5, 1950 that I last saw the deceased alive on 5-5, 1950 and that death occurred at 11:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ernest C. Brown Jr.

M. D.

23B. ADDRESS

JONAS HOPKINS HOSPITAL

23C. DATE SIGNED

5-6-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 27, 1950

24C. NAME OF CEMETERY OR CREMATORY

Sharrei Zion Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levinson, Bur Northcote

ADDRESS 1126 W

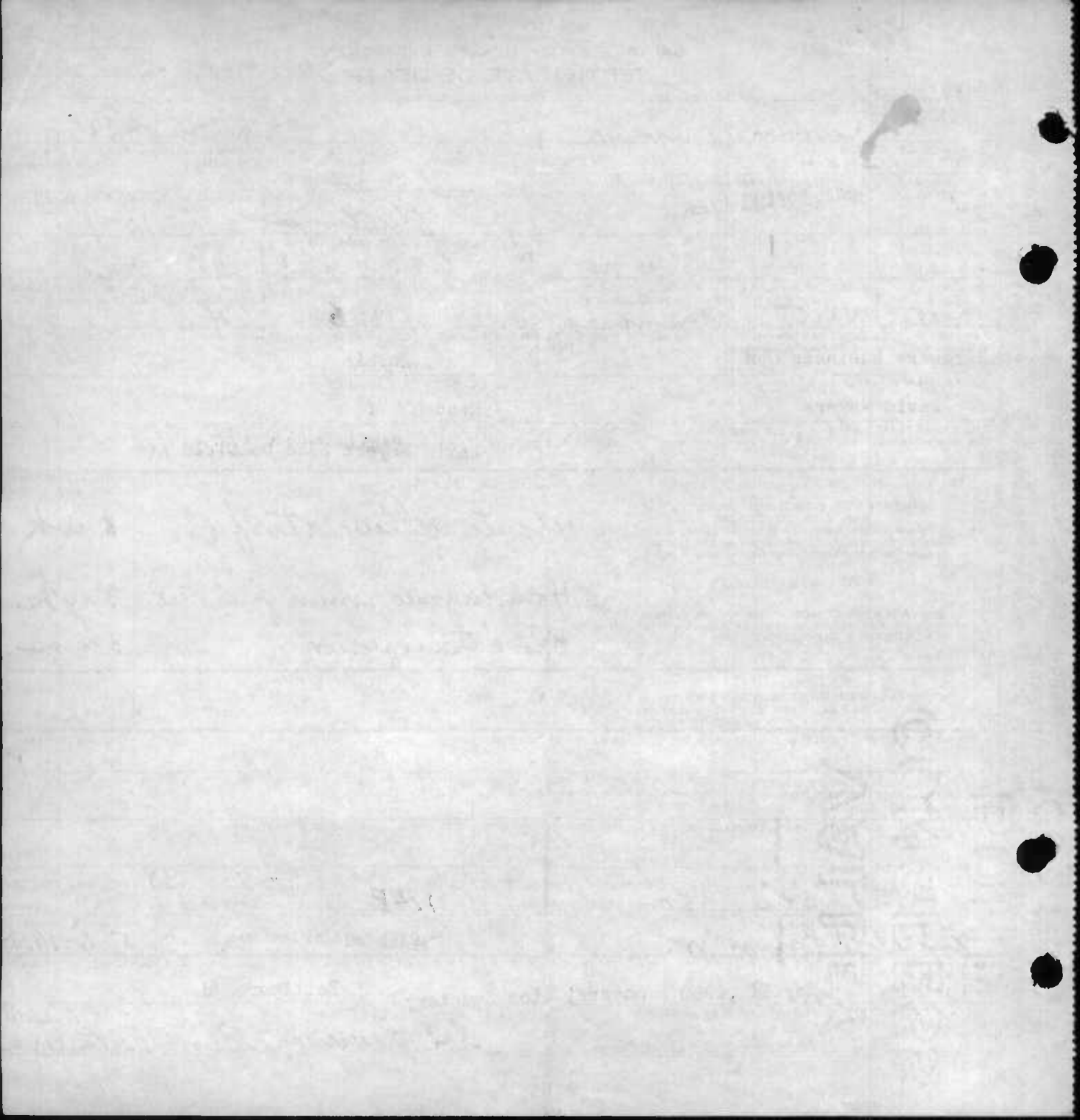
MAY 7 - 1950

VS 150

156724

5

125a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William Nash

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Newy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

c. Length of stay in Baltimore

50

D. STREET ADDRESS (If rural, give location)

2811 Simpson St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/4/1877

9. AGE (In years last birthday)

72 7 3

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

Warehouse

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Nelson Nash

14. MOTHER'S MAIDEN NAME

Jewell Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No -

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Deceased

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Biliary Cirrhosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Carcinoma Pancreas

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

6 weeks

6 weeks

19A. DATE OF OPERATION

5/3/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Head of Pancreas

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1950, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 12:30 P., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-8-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr.

George S. Nelson 1303 Preston St

MAY 7 1950

98852

469

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of informant</p>		<p>12. Date of registration</p>	

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stewart H. Simpson

2. DATE
OF
DEATH

May 5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

128 S. Willard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (If rural, give location)

128 S. Willard St.

c. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 2, 1884

9. AGE (In years)

66

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintenance Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Koppers Co.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harrison Simpson

14. MOTHER'S MAIDEN NAME

Beckey Eggman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Irene Simpson, 128 S. Willard St

18.

442X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

1 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiovascular Renal Disease

1 yr

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 4/8/49, to 5/5/50, that I last saw the
deceased alive on 5/5/50, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 8/50

Green Haven

Green Haven Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 7 - 1950

VS 150

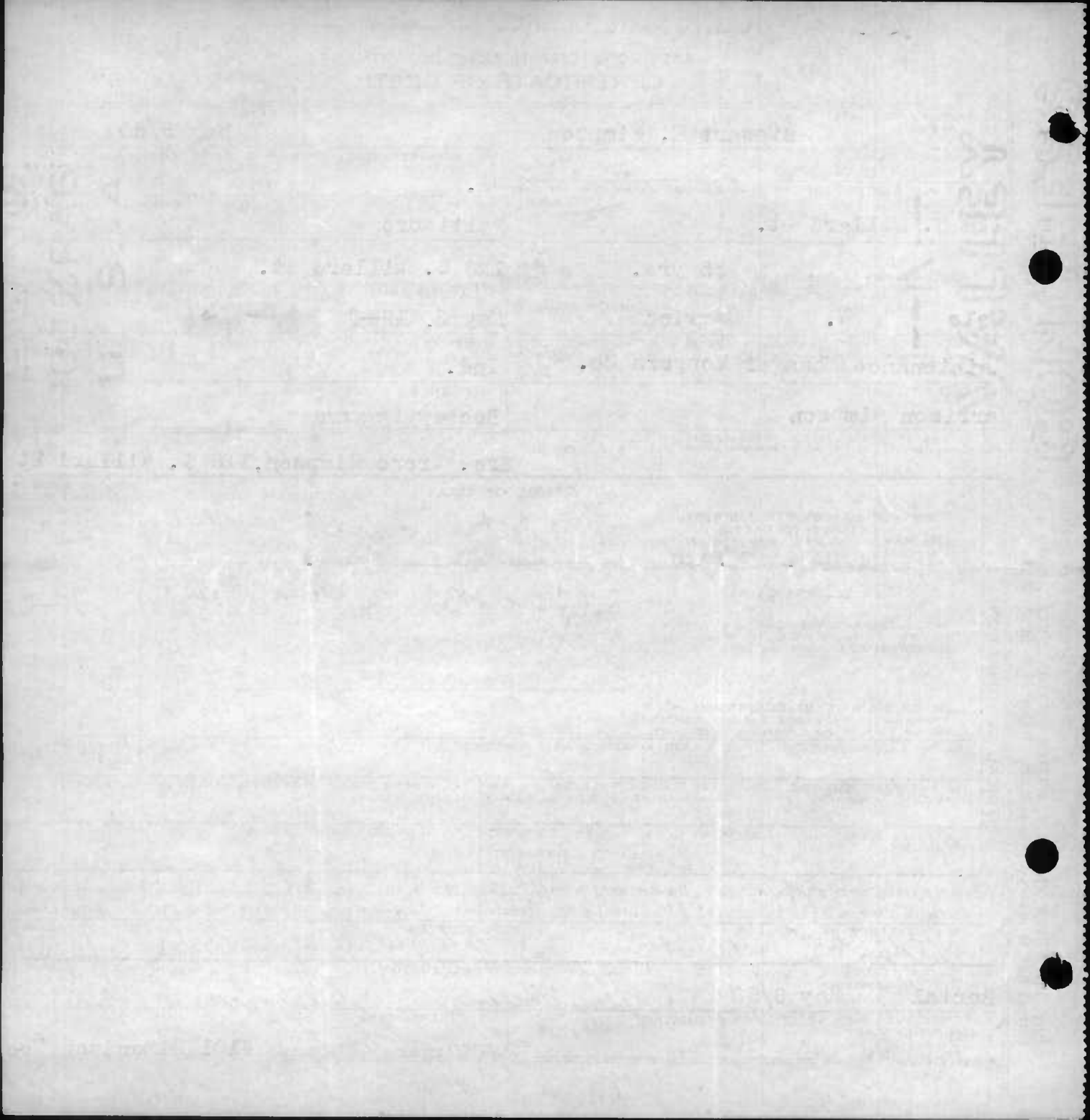
4101 Edmondson

156 37

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4167

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Jessie A. McKinney2. DATE
OF DEATHMay 4/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4704 Amberly Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore28-04

D. STREET ADDRESS (If rural, give location)

4704 Amberly Ave.

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Widow

8. DATE OF BIRTH

Sept. 25, 1869

9. AGE (In years,

last birthday)

80

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. W. Swain

14. MOTHER'S MAIDEN NAME

Sarah C. Lescaett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 4704Mrs. S. Catherine Schrufer, Amberly Ave

18.

416X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Decomposition1200

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Dis.1530

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Rheumatic Heart Disease8030

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1941, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 6:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William K. Gollager

M. O.

23B. ADDRESS

Catonville-28, 2nd

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 8/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

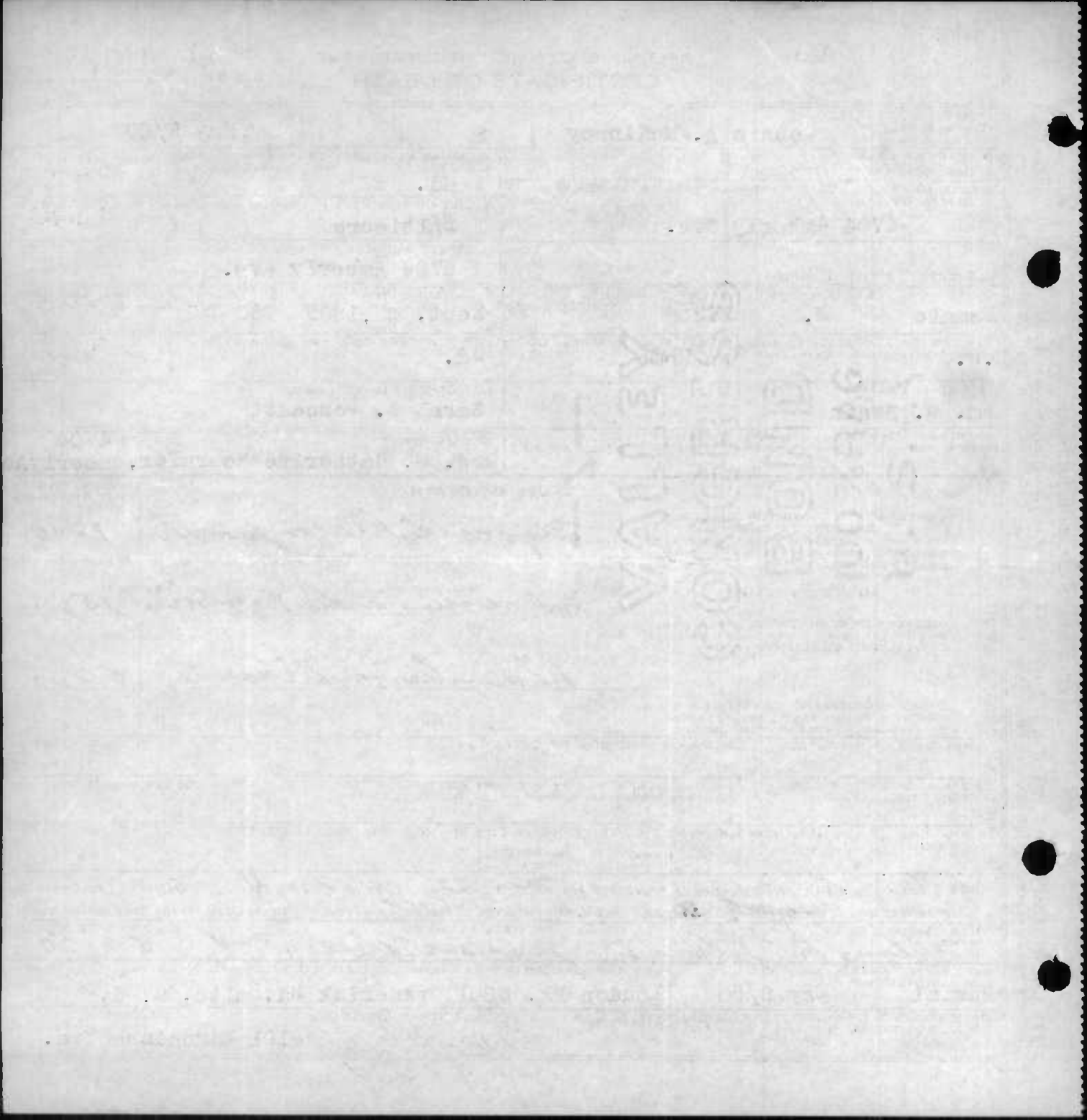
REGISTRAR'S SIGNATURE

William K. Gollager

25. FUNERAL DIRECTOR

ADDRESS

Harry J. Kutzke 4101 Edmondson Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4168

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Louise M. Brown

2. DATE
OF
DEATH

May 5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTIONGeneral German Aged Peoples
Home, 22 S. Athol Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

c. Length of stay in Baltimore

75 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

Dec. 29, 1861

9. AGE (in years

last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sebastian Fensterer

14. MOTHER'S MAIDEN NAME

Maria Schneider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Geo. Walz, 22 S. Athol Ave.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to May 5, 1950, that I last saw the
deceased alive on May 4, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert C. Nitsch

23B. ADDRESS

2157-Wilkins Ave

23C. DATE SIGNED

5-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 8/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

(State)

4300 Old Frederick Rd. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

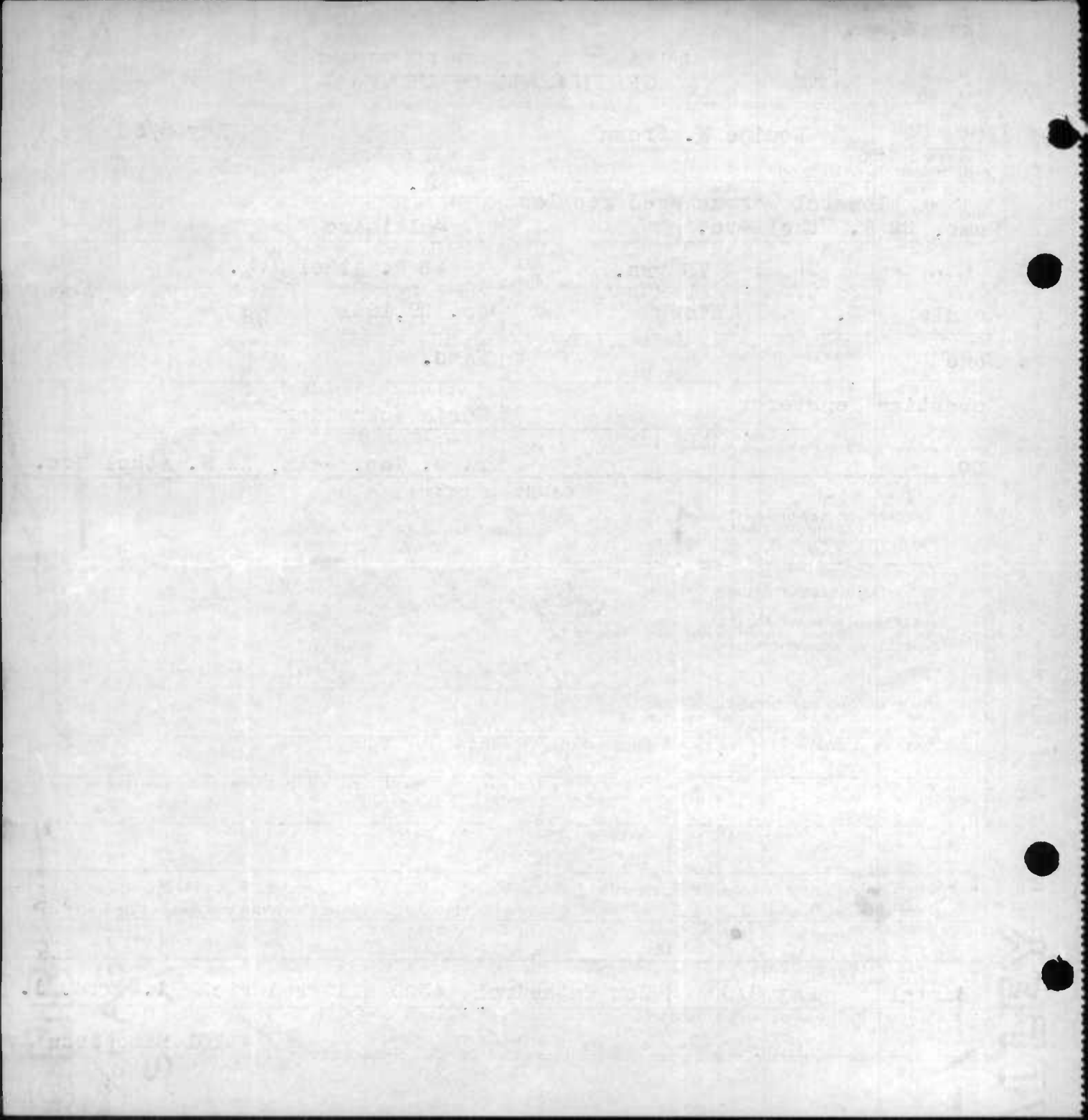
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Witzke 4101 Edmondson Av



A-536
50 4169BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4169

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel C. Anderson

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

00 4036 Roland Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4036 Roland Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 9, 1889

9. AGE (In years
last birthday)

61

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

Marion H. Anderson

14. MOTHER'S MAIDEN NAME

Rosella McCleary

15. WAS DECEASED
(Yes, no or, unknown) EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
213-09-8787

17. INFORMANT

Mrs. Hilda M. Jackson

ADDRESS

4036 Roland Avenue

18.

443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive CVD.
DUE TO(C) Arteriosclerosis
?INTERVAL BETWEEN
ONSET AND DEATH

3 wks.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1945, to May 5, 1950, that I last saw the
deceased alive on May 5, 1950, and that death occurred at 9:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Laurence J. Lumanuk

M. D.

23B. ADDRESS

3711 Falls Rd

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Indiana, MA

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

MAY 7 - 1950
VS 150

937

RECEIVED
CERTIFICATE OF DEATH

John C. Anderson

Age 65

Married

John C. Anderson

Age

Married

John C. Anderson

Age

Married

John C. Anderson

John C. Anderson

John C. Anderson

John C. Anderson

John C. Anderson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Elizabeth E. Yeager

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3742 Roland Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3742 Roland Avenue

c. Length of stay in Baltimore

62 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 28, 1855

9. AGE (In years
last birthday)

94

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Joshua Hunt

14. MOTHER'S MAIDEN NAME

Margaret Rachel Keys

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. S. Gardiner 3219 Sequoia Avenue

18. 471.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myo. Carditis Endocarditis

4 mths

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Coronary Arteriosclerosis

years

DUE TO

Acute Bunchitis - Pharyngitis

6 mths

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1940, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 8, 1950

New Market

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

M-460

50 4171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4171

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Alveta Miller*2. DATE
OF
DEATH*5/6/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

*Baltimore*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*University Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural Near Parkton 5300

D. STREET ADDRESS (If rural, give location)

2 Mi. South of Parkton

c. Length of stay in Baltimore

*2*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widow*

8. DATE OF BIRTH

Nov. 26, 1871

9. AGE (In years last birthday)

*78*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

*Parkton, Md. R.D.*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

William E. Miller

14. MOTHER'S MAIDEN NAME

*Serepta Gore*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Gilbert Seitz - Cockeysville, Md.*18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) *Myocardial decompensation*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) *Hypertensive + arteriosclerotic
heart disease*

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/6*, 1950, to *5/6*, 1950, that I last saw the deceased alive on *5/6*, 1950, and that death occurred at *8:50 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Ed L. McQuinn Jr.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*5/7/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

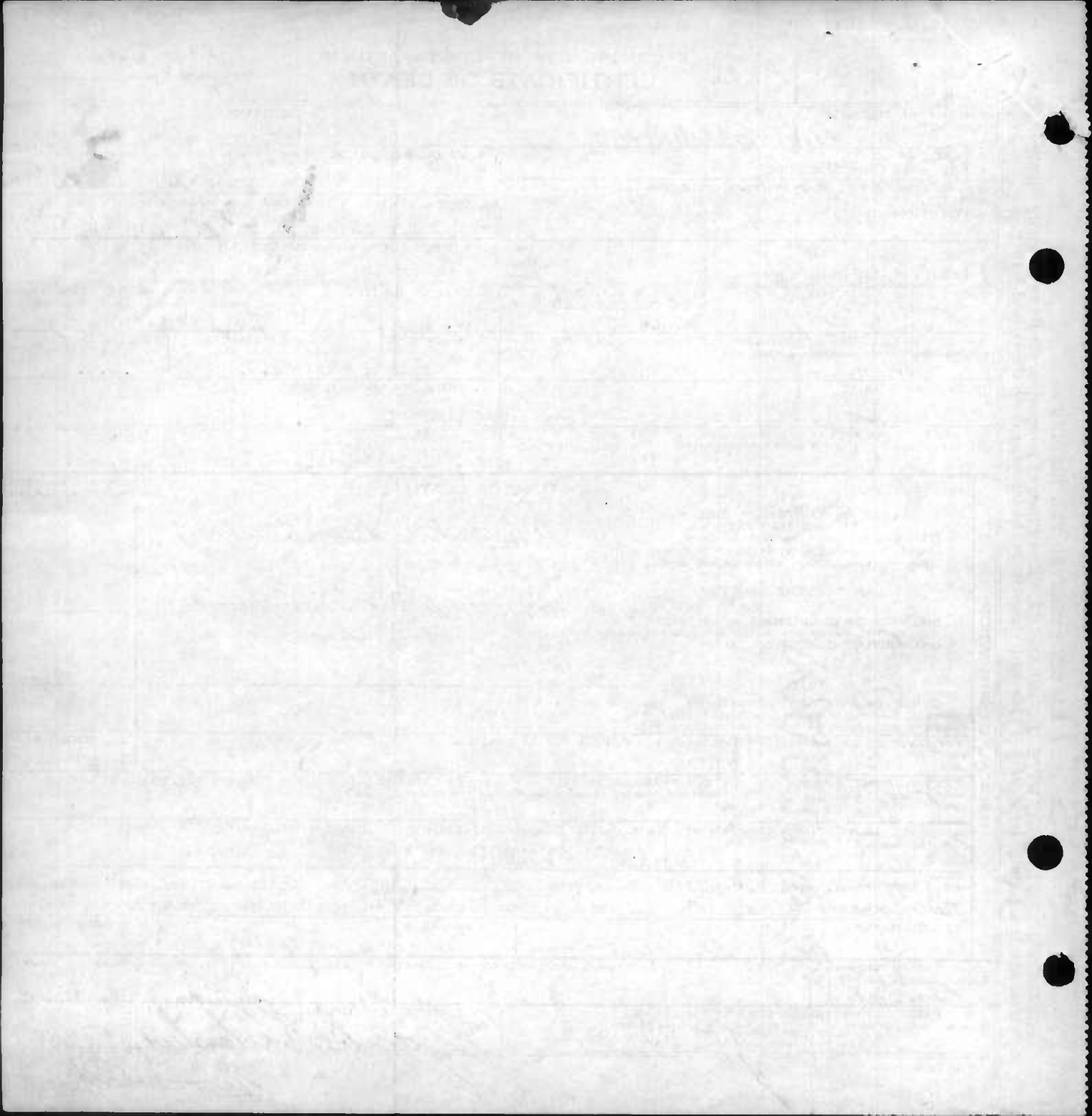
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*J. Jacob Harkenstein, 937**New Freedom,*

MAY 150



MARGIN RESERVED FOR BINDING FROM 2-19-50
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4172

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Eileen Itnyre

2. DATE
OF
DEATH

5/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5641

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. Westminister

D. STREET ADDRESS (If rural, give location)

93 Penna. Ave.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/8/21

9. AGE (In years last birthday)

28

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert M. Pough

14. MOTHER'S MAIDEN NAME

Virgie E. Moor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Patient

18.

193X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Third Ventricle Tumor malignant

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

over

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/23/50 + 4/24/50

19B. MAJOR FINDINGS OF OPERATION

3rd Ventricle Tumor

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 3/19/50, 19__, to 5/6/50, 19__, that I last saw the deceased alive on 5/6/50, 19__, and that death occurred at 130 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Pough

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

5/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Herbert Leighton

MAY 150

Huntington Williams

49606 Westminister 5419 Md

Letter in document file 50-4172-7/27/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4173

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Stevactis

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Texas

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE U S Marine Hospital, Baltimore, Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
FreeportD. STREET ADDRESS (If rural, give location)
Box 655

c. Length of stay in Baltimore Unknown

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 22, 1880

9. AGE (In years

last birthday)

69

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman on unreg. vessel

10B. KIND OF BUSINESS OR INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Alexander Stevactis

14. MOTHER'S MAIDEN NAME

Magdaline ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

--

16. SOCIAL SECURITY NO.

--

17. INFORMANT

ADDRESS

Records, US Marine Hospital, Balto., Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of stomach with
metastasis to liver

1 yr.

ANTECEDENT CAUSES

DUE TO

(B)

Hemorrhage into peritoneal
cavity

Recent

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1950 to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 5:51 a. m., from the causes and on the date stated above.

23A. SIGNATURE

A. Saavedra

M. D.

23B. ADDRESS

US Marine Hospital, Balto., Md.

23C. DATE SIGNED

5/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 8-50

24C. NAME OF CEMETERY OR CREMATORY

Greek Orthodox

24D. LOCATION (City, town, or county)

Balto Ind

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

E. M. Worth Amacast

MAY 7-1950

Huntington Williams, Md.

460 51

5118 Shyrum @ alc Ave

4615

DECLARATION OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Signature of declarant

6. Date of declaration

7. Signature of witness

8. Date of signature

9. Signature of registrar

10. Date of registration

11. Signature of registrar

12. Date of registration

13. Signature of registrar

14. Date of registration

15. Signature of registrar

16. Date of registration

17. Signature of registrar

18. Date of registration

19. Signature of registrar

20. Date of registration

21. Signature of registrar

22. Date of registration

23. Signature of registrar

24. Date of registration

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida M. Zulauf

2. DATE
OF
DEATH

May 4. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2305 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Virginia

B. COUNTY V-43

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Paul Convelesing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Alexander

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Four Years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 9. 1868

9. AGE (In years last birthday)

81

10. Under 1 Year 11. Under 24 Hours

Months Days Hours Min.

11 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR INDUSTRY

/

11. BIRTHPLACE (State or foreign country)

Washington. D. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Colbert A. Thompson

14. MOTHER'S MAIDEN NAME

Ida M. Cunningham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Wilmer C. Zulauf. Alexander. Va.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

7-Dec-1948

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-Dec-48 to 4-May-50, that I last saw the deceased alive on 4-May-1950, and that death occurred at 7:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Chas. W. Edwards

M. O.

23B. ADDRESS

2746 Alameda

23C. DATE SIGNED

5-May-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/8/1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Marie Syfer 1600 W. North

MAY 7 1950

MAY 7 - 1950

93D

RECEIVED BY THE
DEPARTMENT OF STATE

VALLEY
CONGRESSES

1914

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		JOHN J. CARR		2. DATE OF DEATH		May 4, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 905 E. Chase St				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				A. STATE Maryland			
St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life				D. STREET ADDRESS (If rural, give location) 905 E. Chase Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year	11. Under 24 Hours	
Male	White	Single	July 18, 1889	60	Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Clerk			Baltimore		U. S.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John J. Carr				Agnes Holden			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
				Miss Frances Carr, 905 E. Chase St			

18. <u>E890</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
(A) Asphyxiation due to carbon monoxide (illuminating gas)				DUE TO					
ANTECEDENT CAUSES				(B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO					
(C)									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
		home		905 E. Chase Street					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
May 4, 1950		? m.		Gas heater on but unlit					
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .									
23A. SIGNATURE				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED			
<i>P. D. Zulander</i>				M.D.		5-5-50			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)			
Burial		May 8, 1950		Cathedral		Baltimore			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS			
May 7 - 1950		<i>Wiedefeld</i>		Rita Wiedefeld, 900 E. Biddle St					

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	

M-240
50 4176BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 4176
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

June E. McCully

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

130 E. Fort Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Round Bay, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Seyvern River Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-16-1888

9. AGE (In years
last birthday)

61

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Somerset Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Ellis

14. MOTHER'S MAIDEN NAME

Lorena Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - 130 E. Fort Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Coronary Disease

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammerer

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

May 5, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. Walter Conklin 2343 Hayford Rd.

CERTIFICATE OF DEATH

WILLINGBORO CITY HEALTH DEPARTMENT

NO.

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELIGION

OCCUPATION

EDUCATION

MARRIAGE

CHILDREN

SIGNATURE

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELIGION

OCCUPATION

EDUCATION

MARRIAGE

CHILDREN

SIGNATURE

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELIGION

OCCUPATION

EDUCATION

MARRIAGE

CHILDREN

SIGNATURE

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Aileen Conley Erwin

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

6028 Old Harford Road

C. CITY OR TOWN

BALTIMORE 4-01

D. STREET ADDRESS (If rural, give location)

416 W SARATOGA ST

c. Length of stay in Baltimore

60

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT-13-1860

9. AGE (in years last birthday)

89

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

BLOOMFIELD INDIANNA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JASSON CONLEY

14. MOTHER'S MAIDEN NAME

KATHERINE CRESEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MRS MARJORIE BURRELL ADDRESS INDIANNA

34 ADAMS ST INDIANAPOLIS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture, Right Femur, Neck

6 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

416 W. Saratoga Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3/25/50

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell out of bed

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammner, Jr.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 8-1950

24C. NAME OF CEMETERY OR CREMATORY

Grand View Cemetery

24D. LOCATION (City, town, or county) (State)

Bloomfield Indiana

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry Sanders & Sons Inc. Balto Md

186 a George P. Sanders Ave.

MAY 7 - 1950

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

50 4178

138729
50 4178
BIRTH NO.

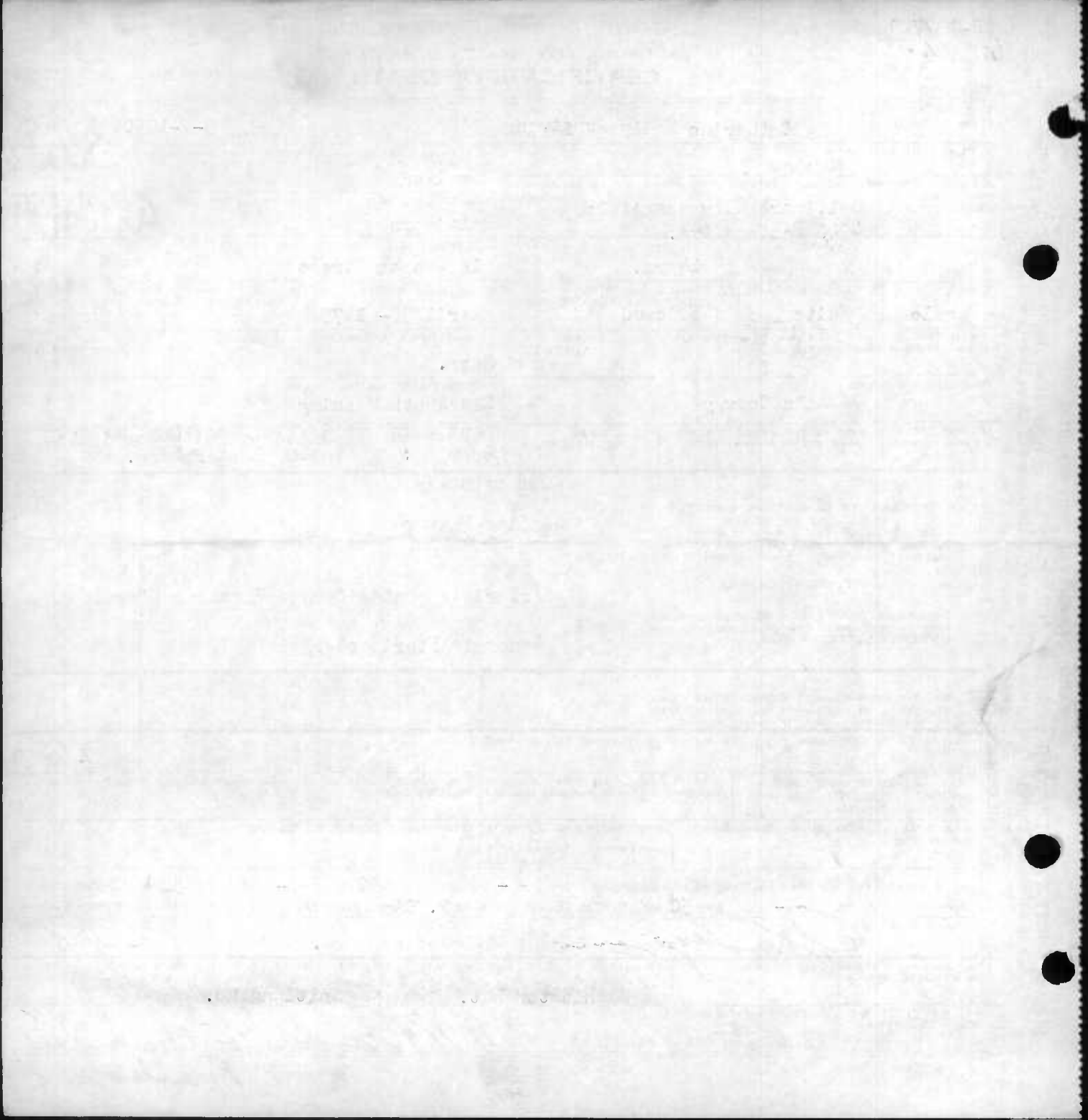
1. NAME OF DECEASED (Type or Print) Catherine Emily Armstrong			2. DATE OF DEATH 5-7-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 14yrs.			D. STREET ADDRESS (If rural, give location) 616 Lennox Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 30- 1877		9. AGE (in years last birthday) 73 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Mass.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Conway			14. MOTHER'S MAIDEN NAME Elizabeth Manning		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records : 4940 Eastern Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) Arteriosclerotic Cardio Vascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) General Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-2- 1950 to 5-7- 1950 , that I last saw the deceased alive on 5-7- 1950 and that death occurred at 7.50A.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i> M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 5-7-1950	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Washington Nat. Cemetery	
				24D. LOCATION (City, town, or county) (State) Suitland Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR W W Chambers Co Cleveland Ave	

937 Riverside St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 4179

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Frederick R. Ritter*2. DATE
OF
DEATH*5-5-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Franklin Square Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3621 W. Belvedere Ave.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/8/1881

9. AGE (In years last birthday)

*68*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?*United States*

13. FATHER'S NAME

William A. Kinder

14. MOTHER'S MAIDEN NAME

*Frances Murphy*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Alice Spurrer 3619 W. Belvedere Ave.*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Acute Coronary Occlusion**24 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerotic Cardiovascular disease**10 yrs (?)*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Kinder M.D.

23B. ADDRESS

21 Franklin Sq. Wash

23C. DATE SIGNED

5-5-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

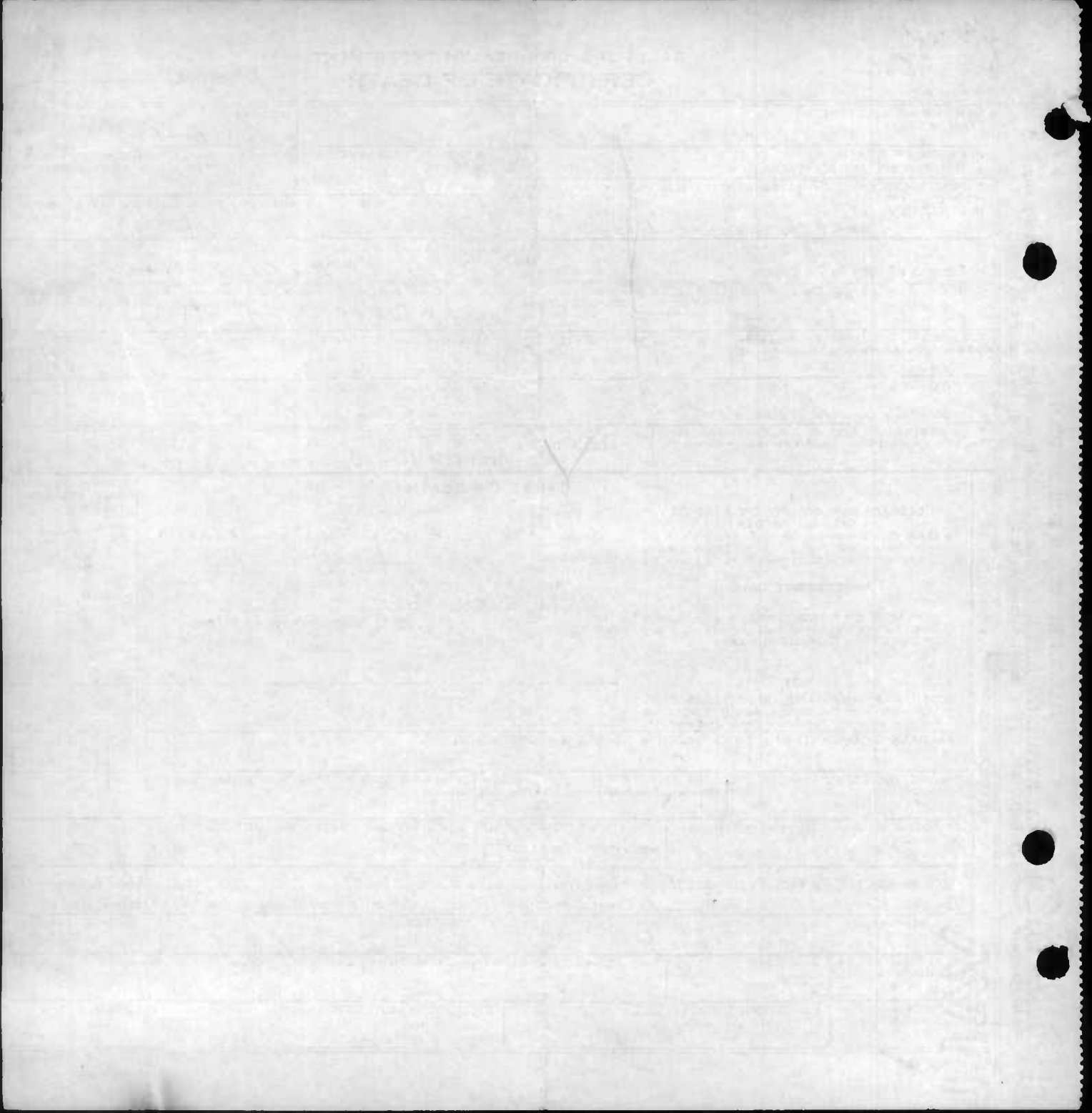
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1950

*William A. Kinder**Ernest Byers 5005 Th. St. Balt.*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20-, 1950, to 5-7-, 1950, that I last saw the
deceased alive on 5-7-, 1950, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

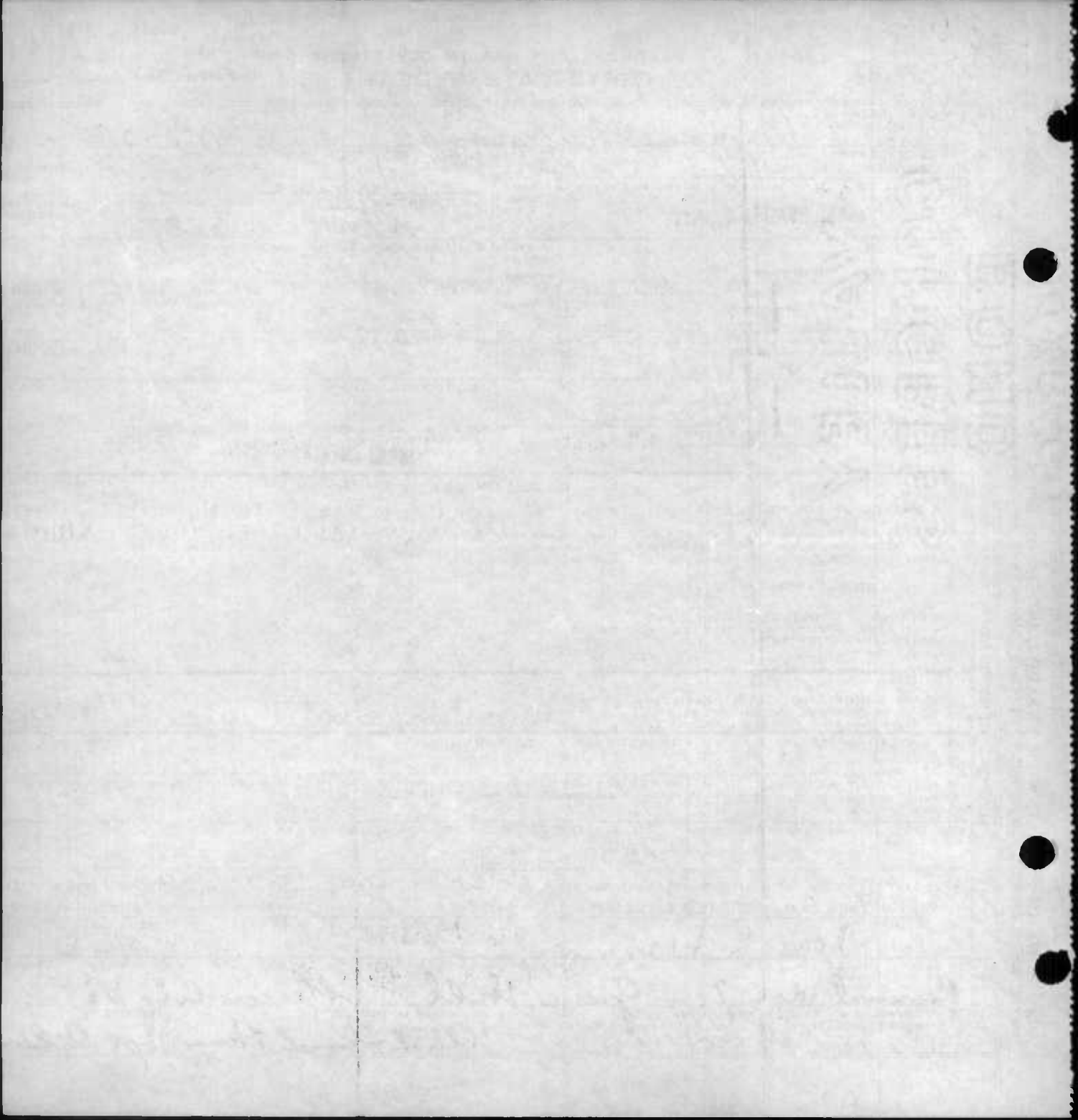
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4181

BIRTH NO. 50-08155

1. NAME OF DECEASED
(Type or Print)

Charles Jefferson Smith, Jr.

2. DATE
OF
DEATH

4/27/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1403 Westmann St

c. Length of stay in Baltimore

Yrs.
Mos.
Day
9

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/19/50

9. AGE (In years
last birthday) 11 Under 1 Year
Months: Days: 910A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Jefferson Smith

14. MOTHER'S MAIDEN NAME

Margaret Victoria Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

mother — 1403 Westmann

18. 768.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Stue infecting

DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C) OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 4/19/50 to 4/27/50 that I last saw the
deceased alive on 4/27, 1950, and that death occurred at 11:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Grant Zitzke

23B. ADDRESS

M. D.

601 N. Calhoun St

23C. DATE SIGNED

4/27/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR (If in Baltimore City, give location) (State)

UNIVERSITY MEDICAL SCHOOL MAY 31950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

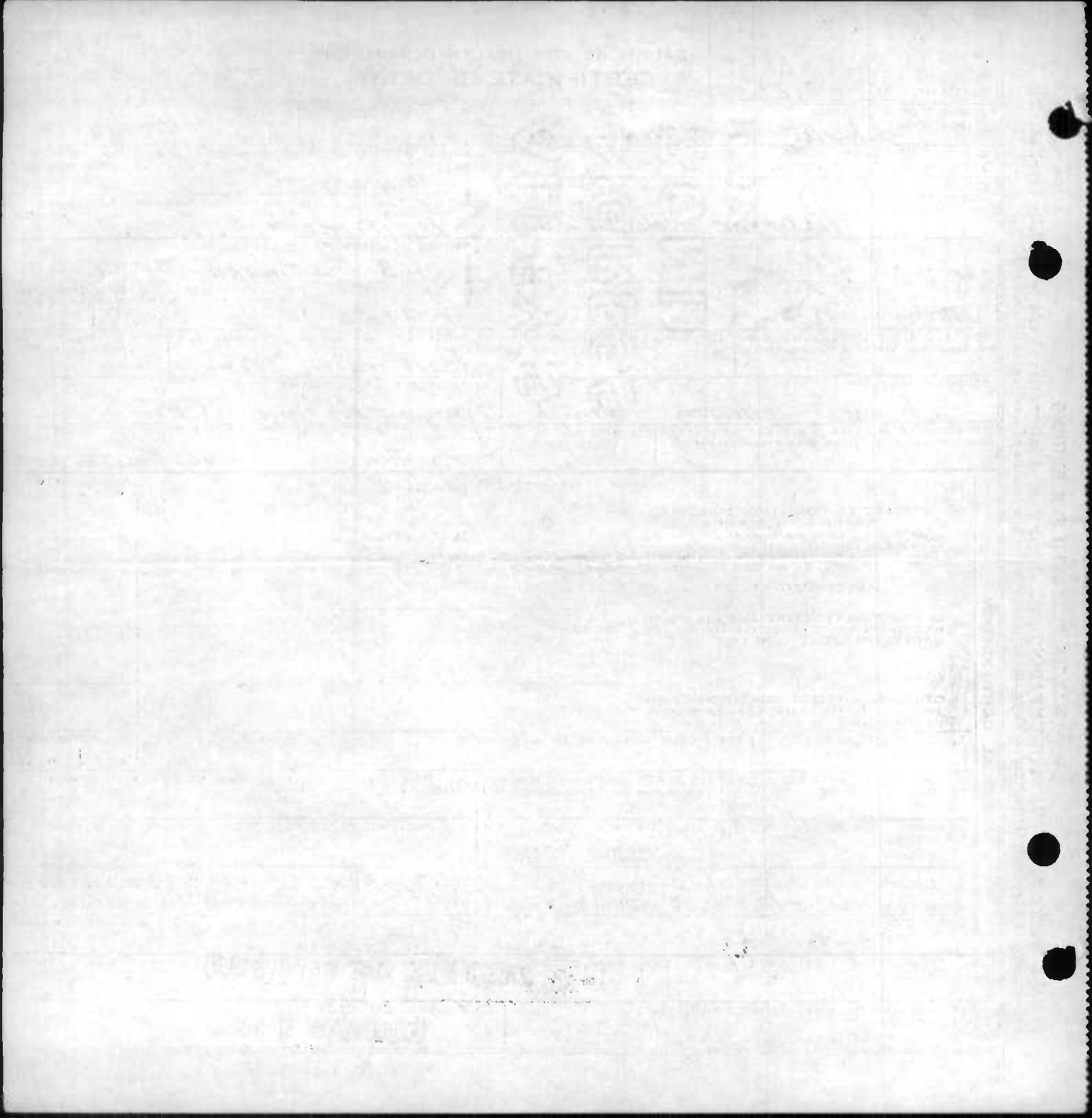
MAY 8 - 1950

Wilmington, Delaware

Commissioner of Health

VS 150

161c



T-512

50 4182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4182

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*James Thompson*2. DATE
OF
DEATH*5/1/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 506 E. Balto. St.

D. STREET ADDRESS (If rural, give location)

Richie Hotel (Balto. & Gay Sts.)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sumner Hospital of Baltimore, Inc.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Div.

8. DATE OF BIRTH

11-10-01

9. AGE (In years last birthday)

48

10 Under 1 Year 11 Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S M maiden NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *541.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Generalized peritonitis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Rupt. Peptic Ulcer*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute myocardial Infarction

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/1*, 1950, to *5/1*, 1950 that I last saw the deceased alive on *5/1*, 1950, and that death occurred at *11:20* Am., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Galer

M. D.

23B. ADDRESS

Sumner Hosp.

23C. DATE SIGNED

5/1/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL MAY 5 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Antoinette Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 150

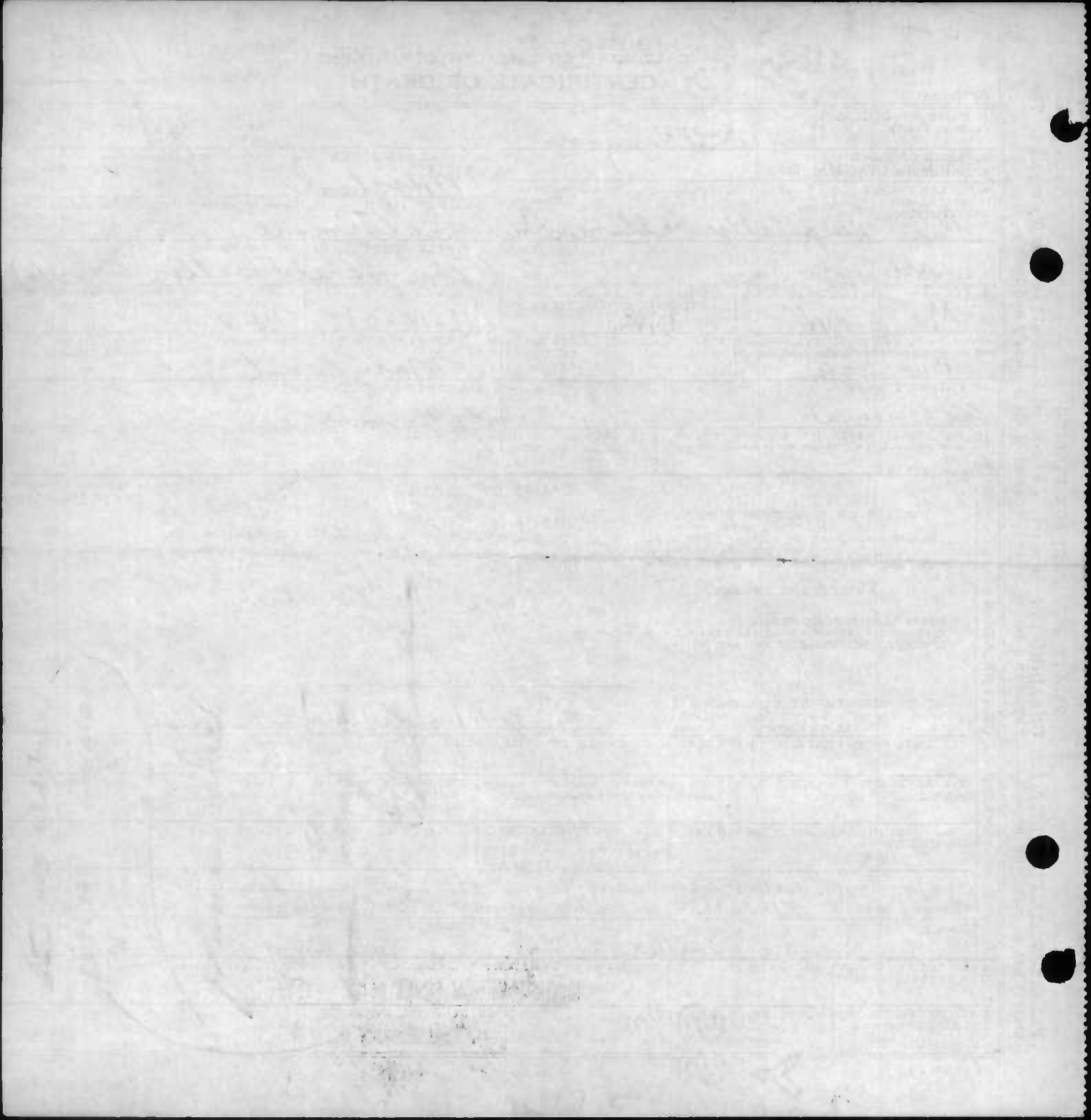
49699

117a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4183

BIRTH NO. 50-08237

1. NAME OF DECEASED
(Type or Print)

Riccardo

2. DATE
OF
DEATH

4/27/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or
location)

39

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

c. Length of stay in Baltimore

3

Yrs.
Mos.
Day

D. STREET ADDRESS (If rural, give location)

2419 Madison Ave.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/25/50

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Booker Theodorus Moore

14. MOTHER'S MAIDEN NAME

Edith Novella Brickhead

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

2419 Madison Ave.

18. 760.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1950 to 4/27, 1950, that I last saw the
deceased alive on 4/27, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

2224 Madison Ave

23C. DATE SIGNED

4-27-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 5 1950

DATE RECEIVED BY
LOCAL REGISTRAR

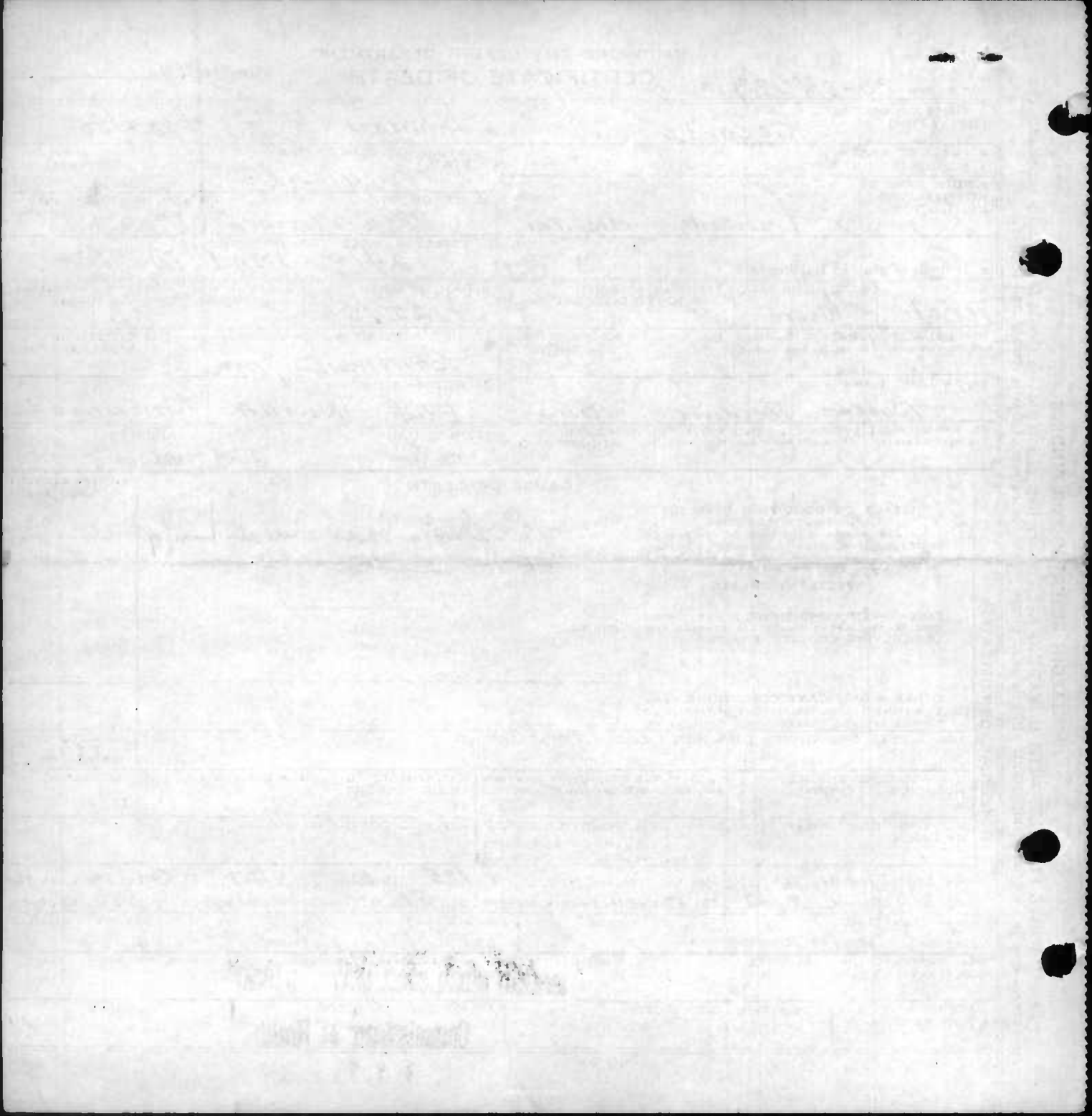
REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4184**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VERINO

FIORELLI

2. DATE OF DEATH **May 5, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1332 N. Ellwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-03

D. STREET ADDRESS (If rural, give location)
1332 N. Ellwood Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

6-22-1882

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Tailoring

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Louis

Fiorelli

14. MOTHER'S MAIDEN NAME

Liberta (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-05-8464

17. INFORMANT

ADDRESS

Mrs. Edith Weinberger, 1332 N. Ellwood Ave.

18.

422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Insp. & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. C. Sullivan

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

May 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Cook, Jr.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Jr. - 1217 11th Ave

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of school		22. Signature of employer		23. Signature of business		24. Signature of government	
25. Signature of other		26. Signature of other		27. Signature of other		28. Signature of other	
29. Signature of other		30. Signature of other		31. Signature of other		32. Signature of other	
33. Signature of other		34. Signature of other		35. Signature of other		36. Signature of other	
37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other	
45. Signature of other		46. Signature of other		47. Signature of other		48. Signature of other	
49. Signature of other		50. Signature of other		51. Signature of other		52. Signature of other	
53. Signature of other		54. Signature of other		55. Signature of other		56. Signature of other	
57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other	
65. Signature of other		66. Signature of other		67. Signature of other		68. Signature of other	
69. Signature of other		70. Signature of other		71. Signature of other		72. Signature of other	
73. Signature of other		74. Signature of other		75. Signature of other		76. Signature of other	
77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other	
85. Signature of other		86. Signature of other		87. Signature of other		88. Signature of other	
89. Signature of other		90. Signature of other		91. Signature of other		92. Signature of other	
93. Signature of other		94. Signature of other		95. Signature of other		96. Signature of other	
97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence Sherbert

2. DATE
OF
DEATH

5-7-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

714 Redwood Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 4-1890

9. AGE (In years
last birthday)

59

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter - Unemployed -

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph R. Sherbert

(D

14. MOTHER'S MAIDEN NAME

Mary Reid (Reed)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

002 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Tuberculosis of Spinal

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1950, to 5-7-1950, that I last saw the
deceased alive on 5-7-1950, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-7-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 9-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn Balto Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. C. C. Inc. 1217 St Paul St

VS 150

308 V9

132

WILLIAM

CHURCHMAN

1840

1840

A. 1840

M-350

50 4186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4186

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD DICKERSON MADDEN

2. DATE
OF
DEATH

MAY 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY (before admission)

MARYLAND 12-06

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2417 MARYLAND AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

2417 MARYLAND AVE.

c. Length of stay in Baltimore

35 YRS

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

OCT. 13, 1872

9. AGE (In years
last birthday)

77

10 Under 1 Year
Months: Days

7

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STEAM FITTER

10B. KIND OF BUSINESS OR
INDUSTRY

PLUMBING CO.

11. BIRTHPLACE (State or foreign country)

PEORIA, ILLINOIS

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOSEPH H. MADDEN

14. MOTHER'S MAIDEN NAME

AUGUSTA CROOK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

1898 - 1890

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT WIFE ADDRESS

ALICE MADDEN - 2417 MARYLAND AVE

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA - SIGMOID

DUE TO

1 YEAR.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C) GENERALIZED ARTERIOSCLEROSIS

18 1/2

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MAY 4, 1949

19B. MAJOR FINDINGS OF OPERATION

NEO-PLASM SIGMOID & OBSTRUCTION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 1948, to MAY 6, 1950, that I last saw the
deceased alive on MAY 4, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur Korfgen

M. D.

23B. ADDRESS

4230 KENNEDY BLVD.

23C. DATE SIGNED

MAY 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/8/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

J. H. Gook Inc. 1217 St. Paul St.

ADDRESS

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

4 Transcripts

VALLEY
CONGRES

BOND

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4187

BIRTH NO. 400

1. NAME OF DECEASED
(Type or Print)

Henry Louis Twale

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

44 Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

Rural

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

20 Aintree Rd. Balto.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 14, 1907

9. AGE (In years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Purchasing agent

10B. KIND OF BUSINESS OR
INDUSTRY

Food Packing (M)

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

August Twale

14. MOTHER'S MAIDEN NAME

Amelia Kahl

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Leona Twale -

ADDRESS

Same

18.

057.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Meningococcal meningitis

2 days?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1950, to May 6, 1950, that I last saw the
deceased alive on May 6, 1950, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank Supple, III

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

5/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/10/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Willard Funeral Home

ADDRESS

3700 Williams St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50-4188
Registered No. _____

1. NAME OF DECEASED
(Type or Print)

MRS IDA KOEHLER Pohl

2. DATE
OF
DEATH

6 May 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 318 N Ellwood

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

6-01

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

318 N Ellwood Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 12 1877

9. AGE (In years,
last birthday)

73

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Koehler

14. MOTHER'S MAIDEN NAME

Emilie Infang

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Geo Pohl 318 N Ellwood

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Advanced Age

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

No

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

No

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from March, 1950, to May, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 9:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Gruen

23B. ADDRESS

2722 E. Monument St

23C. DATE SIGNED

6 May 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Willard Funeral Home

ADDRESS

3907

1-10-1918

CERTIFICATE OF DEATH

THE SAN FRANCISCO
1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4189
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA SCHIFFELE KAUNITZ

2. DATE
OF
DEATH

5-5-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONHosp. for the Women
of MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 8-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1831 N. Montford Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 19, 1877

9. AGE (In years
last birthday)

72

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Brooklyn, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frederick Schiffele

14. MOTHER'S MAIDEN NAME

Pauline Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Marie Kaunitz

Same

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebrovascular Accident
Hypertensive Vascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3, 1950, to 5-5, 1950, that I last saw the
deceased alive on 5-5, 1950, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. P. Benson, Jr.

M. D.

23B. ADDRESS

Womens' Home.

23C. DATE SIGNED

5-5-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 8th 1950

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cemetery

24D. LOCATION (City, town, or county)

O'Donnell St East

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leob. Look 1703 N. Patterson Park Ave

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of medical examiner		14. Signature of coroner		15. Signature of jury	
16. Signature of funeral director		17. Signature of undertaker		18. Signature of cemetery		19. Signature of burial place		20. Signature of interment	
21. Signature of crematorium		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation		25. Signature of cremation	
26. Signature of cremation		27. Signature of cremation		28. Signature of cremation		29. Signature of cremation		30. Signature of cremation	
31. Signature of cremation		32. Signature of cremation		33. Signature of cremation		34. Signature of cremation		35. Signature of cremation	
36. Signature of cremation		37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation		45. Signature of cremation	
46. Signature of cremation		47. Signature of cremation		48. Signature of cremation		49. Signature of cremation		50. Signature of cremation	
51. Signature of cremation		52. Signature of cremation		53. Signature of cremation		54. Signature of cremation		55. Signature of cremation	
56. Signature of cremation		57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation		65. Signature of cremation	
66. Signature of cremation		67. Signature of cremation		68. Signature of cremation		69. Signature of cremation		70. Signature of cremation	
71. Signature of cremation		72. Signature of cremation		73. Signature of cremation		74. Signature of cremation		75. Signature of cremation	
76. Signature of cremation		77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation		85. Signature of cremation	
86. Signature of cremation		87. Signature of cremation		88. Signature of cremation		89. Signature of cremation		90. Signature of cremation	
91. Signature of cremation		92. Signature of cremation		93. Signature of cremation		94. Signature of cremation		95. Signature of cremation	
96. Signature of cremation		97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALVERTA T. HELLEN

2. DATE
OF
DEATH

MAY 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

27-11

D. STREET ADDRESS (If rural, give location)

4654 YORK RD.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

4654 YORK RD.

c. Length of stay in Baltimore

LIFE

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

B. DATE OF BIRTH

FEB. 7, 1876

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN H. HELLEN

14. MOTHER'S MAIDEN NAME

LILLIE BINYON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

H.B. HELLEN 3533 LYNDAL AVE

18. **331X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

B' Arteriosclerosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Cerebral Hemorrhage

DUE TO

1950

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Arteriosclerotic Degeneration

1946

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **April 3, 1950** to **May 6, 1950**, that I last saw the deceased alive on **May 5, 1950**, and that death occurred at **7:30 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

B. H. Bishop

23B. ADDRESS

503 Shundan Ave

23C. DATE SIGNED

May 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-8-1950

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTO.

MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

Christington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

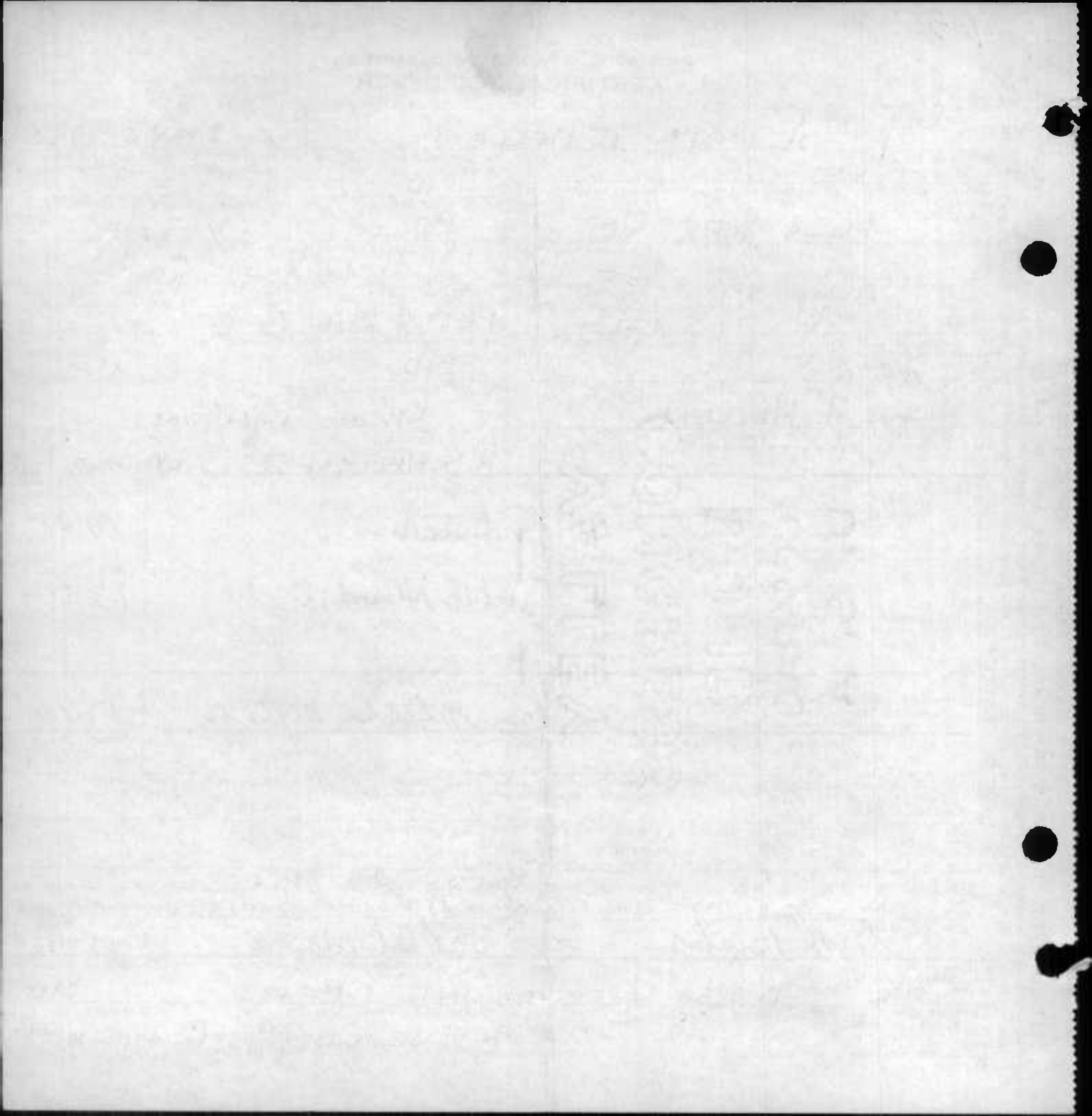
H. W. JENKINS & Sons Co. 4905 YORK RD.

VS 150

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4191
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Der. Hop</i>		2. DATE OF DEATH <i>May-7-1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>312 Park Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>probably 35 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>312 Park Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>About 1872</i>	9. AGE (In years last birthday) <i>77</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Laundry</i>		11. BIRTHPLACE (State or foreign country) <i>China</i>	
12. CITIZEN OF WHAT COUNTRY? <i>CHINA</i>		13. FATHER'S NAME <i>could not ascertain</i>			
14. MOTHER'S MAIDEN NAME <i>cannot ascertain</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT ADDRESS <i>Hom Cong - 312 Park Ave -</i>			

18. *420.1*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

Stanley H. Durlacher

M. D.

CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

1 hour

MEDICAL CERTIFICATION

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 7th</i> , 1950, to <i>July 7th</i> , 1950; that I last saw the deceased alive on <i>May 7th</i> , 1950, and that death occurred at <i>1 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry J. Tankin</i>		23B. ADDRESS <i>100 N. Hollinsworth</i>		23C. DATE SIGNED <i>5/8/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>	
24D. LOCATION (City, town, or county) (State) <i>Woodlawn</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>		24F. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 8 - 1950</i>		REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Shaw-Walker Co. - Balto.</i>	

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DEPARTMENT OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 4192

1. NAME OF DECEASED (Type or Print) <i>John G. Cephas</i>			2. DATE OF DEATH <i>May 3, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>619 N. Caroline St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>619 N. Caroline St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>		
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>619 N. Caroline St</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug.</i>	9. AGE (In years, last birthday) <i>44</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Safe</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Beth Md</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		
13. FATHER'S NAME <i>Charles Cephas</i>			14. MOTHER'S MAIDEN NAME <i>Joséphine Harris</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>218-104141</i>		
17. INFORMANT <i>Helene Cephas</i>			ADDRESS <i>619 N. Caroline St</i>		

18. <i>241X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Acute myocarditis</i> DUE TO (B) <i>Pneumonia</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>2 days</i>
---	---	---

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 1, 1950</i> , to <i>May 3, 1950</i> , that I last saw the deceased alive on <i>May 3, 1950</i> , and that death occurred <i>10:45 AM</i> from the causes and on the date stated above.		
23A. SIGNATURE <i>Henry D. Berry</i>	23B. ADDRESS <i>1420 E. Chase</i>	23C. DATE SIGNED <i>5.5.50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>May 8-1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Int Calvary Cemetery</i>
24D. LOCATION (City, town, or county) <i>A. A. Co., Md</i>	24E. FUNERAL DIRECTOR <i>Robert M. Williams</i>	24F. ADDRESS <i>1515 M. Eldridge St</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 8 - 1950</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	

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FRONTIERA
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4193

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Miguel Frøntera*2. DATE
OF
DEATH*May 7 '50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Porto Rico*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Mayaguez**7-5*

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

1

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*2-13-01*9. AGE (In years
last birthday)*49*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Manufacturer*10B. KIND OF BUSINESS OR
INDUSTRY*Shirts*

11. BIRTHPLACE (State or foreign country)

*Las Marias, Puerto Rico*12. CITIZEN OF
WHAT COUNTRY?*U. S.*

13. FATHER'S NAME

Ramon Frøntera

14. MOTHER'S MAIDEN NAME

*Catalina Bernat*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

*Balto., Md.*18. *581.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Portal Cirrhosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4-24-50

19B. MAJOR FINDINGS OF OPERATION

Portal Cirrhosis; Portal Hypertension

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY*May 7, 1950*

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 7, 1950* to *May 7, 1950*, that I last saw the
deceased alive on *May 7, 1950*, and that death occurred at *12:45* m., from the causes and on the date stated above.

23A. SIGNATURE

Walter Lawrence Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*shipment*

24B. DATE

5 - 8 - 50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Mayaguez, Puerto Rico*DATE RECEIVED BY
LOCAL REGISTRAR*MAY 8 - 1950*

REGISTRAR'S SIGNATURE

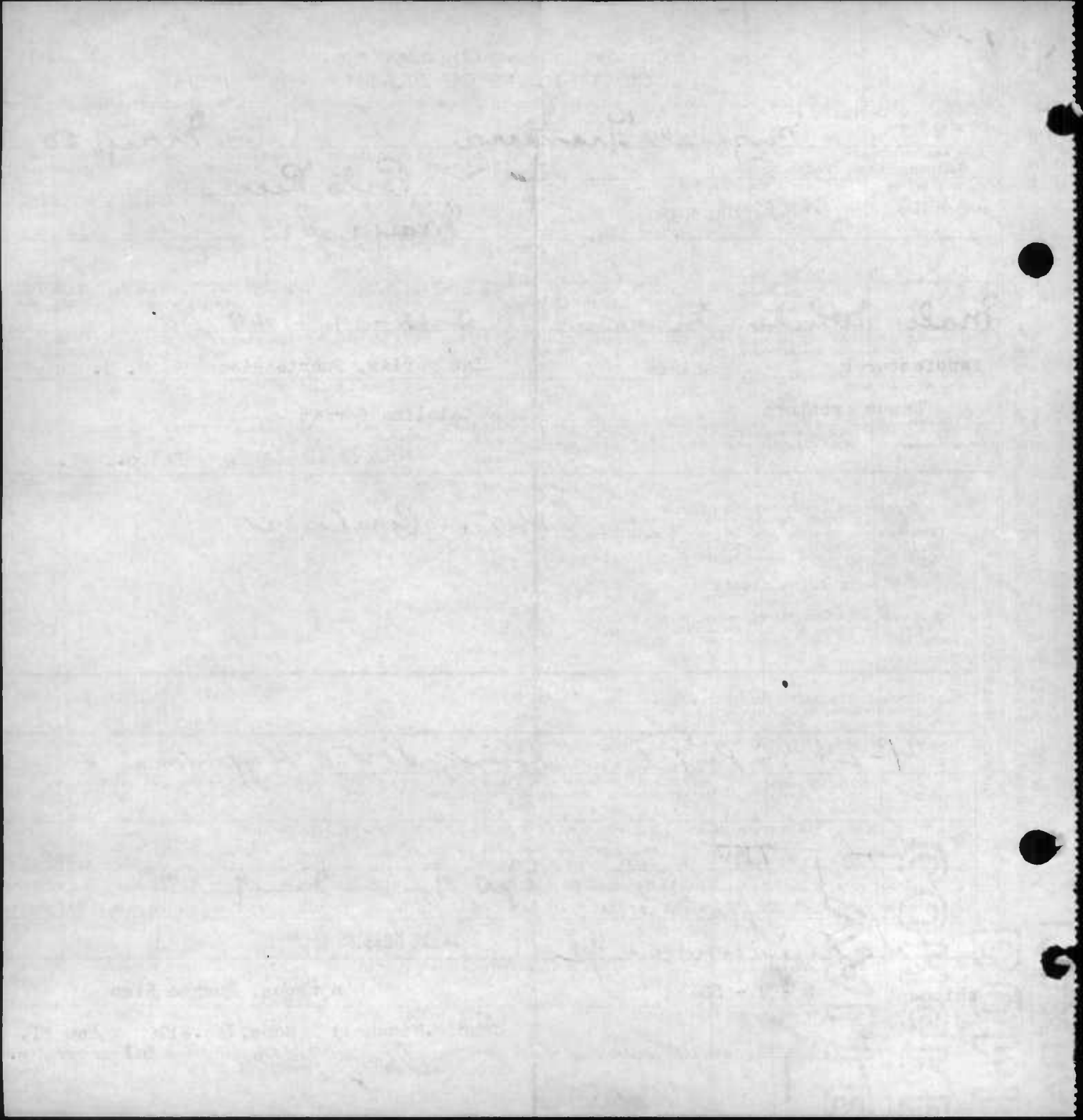
Walter Lawrence Jr.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc.

ADDRESS

*1900 Eutaw Pl.**Baltimore, Md.*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4194
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward J. Connolly

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

917 E. Biddle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

917 E. Biddle St.

c. Length of stay in Baltimore

3 1/2 Yrs.
6 Mos.
2 Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 29, 1891

9. AGE (In years last birthday)

57

10. Under 1 Year

Months: Days

6 7

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman, Electric Dept. City Baltimore

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward J. Connolly

14. MOTHER'S MAIDEN NAME

Nova Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Mrs. Mary A. Connolly 917 E. Biddle St.

ADDRESS

18.

20011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Lymphosarcoma, Mediastinal Bnros. with Metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus, Mild

4 mos.

19A. DATE OF OPERATION

Dec. 12, 1949

19B. MAJOR FINDINGS OF OPERATION

Biopsy of Gland: Lymphosarcoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1949, to May 6, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Hammer D. M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

May 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elihu W. Bouklin 924 E. Eager St.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

CONFIDENTIAL
JAN 1964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4195BIRTH NO. 500 50 41951. NAME OF DECEASED
(Type or Print)Gilbert Joseph Swann2. DATE
OF
DEATHMAY 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

27 Mercy Hospital (DOR)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDBALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

ARBUTUS

D. STREET ADDRESS (If rural, give location)

1311 MAPLE AVE.

C. Length of stay in Baltimore

LIFE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 1, 1902

9. AGE (In years last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10B. KIND OF BUSINESS OR INDUSTRY

LUMBER MILL

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM SWANN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-10-9306

17. INFORMANT

ADDRESS

EDNA SWANN 1311 MAPLE AVE

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Coronary Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kanner Jr. M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 5, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph T. Ambrose Jr. 1328 Sulphur Spring Rd.

CERTIFICATE OF DEATH

IN SENATE

JANUARY 1, 1900

NEW YORK

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

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AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

DECEASED

AT NEW YORK

ON JANUARY 1, 1900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4196

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theodore Vance

2. DATE
OF
DEATH

5-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No Home (630 Green Willow St) last address

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Dec. 25, 1905

9. AGE (in years
last birthday)

44

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction Co.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Vance

14. MOTHER'S MAIDEN NAME

Hattie Pearson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18.

002 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-18, 1950 to 5-3-1950 that I last saw the
deceased alive on 5-3-1950 and that death occurred at 7:55 AM from the causes and on the date stated above.

23A. SIGNATURE

C. J. Crozer

M. D.

23B. ADDRESS

4940, Eastern Avenue

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR
MAY 8 - 1950

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Laynes Memorial

24D. LOCATION (City, town, or county) (State)

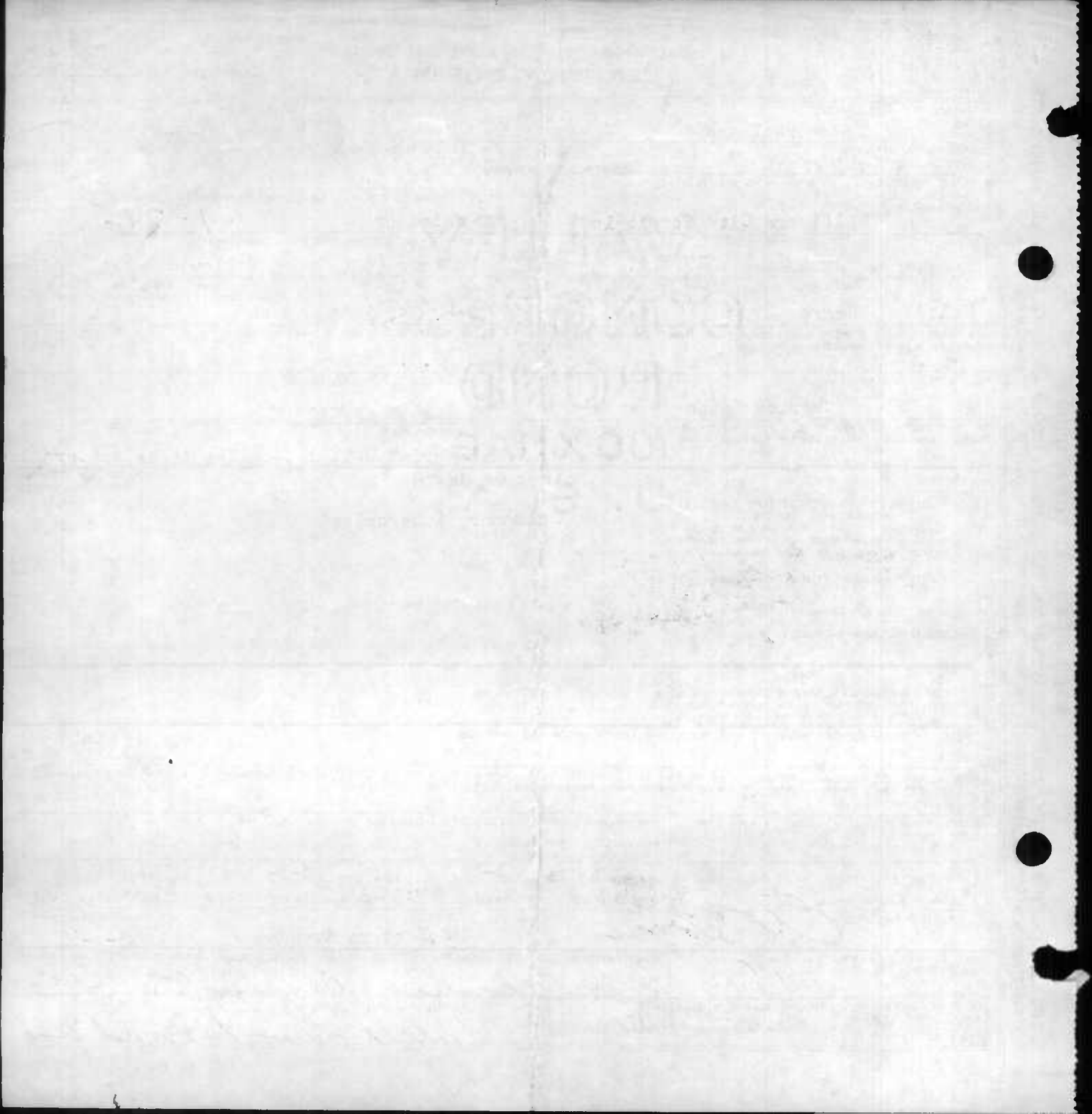
Washington, D.C.

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles K. Law - 802 Madison Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4197

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Milford Washington

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-02

D. STREET ADDRESS (If rural, give location)

1428 Harlem Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-12-02

9. AGE (in years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

SUGAR REFINERY

11. BIRTHPLACE (State or foreign country)

Calvert Co. MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MILFORD WASHINGTON

14. MOTHER'S MAIDEN NAME

ROSETTA COATES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Hypertensive cardio-renal disease 8 yrs.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

? Yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1950 to 5-5, 1950 that I last saw the
deceased alive on 5-5, 1950 and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D. E. Rogers

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A. A. Co., MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

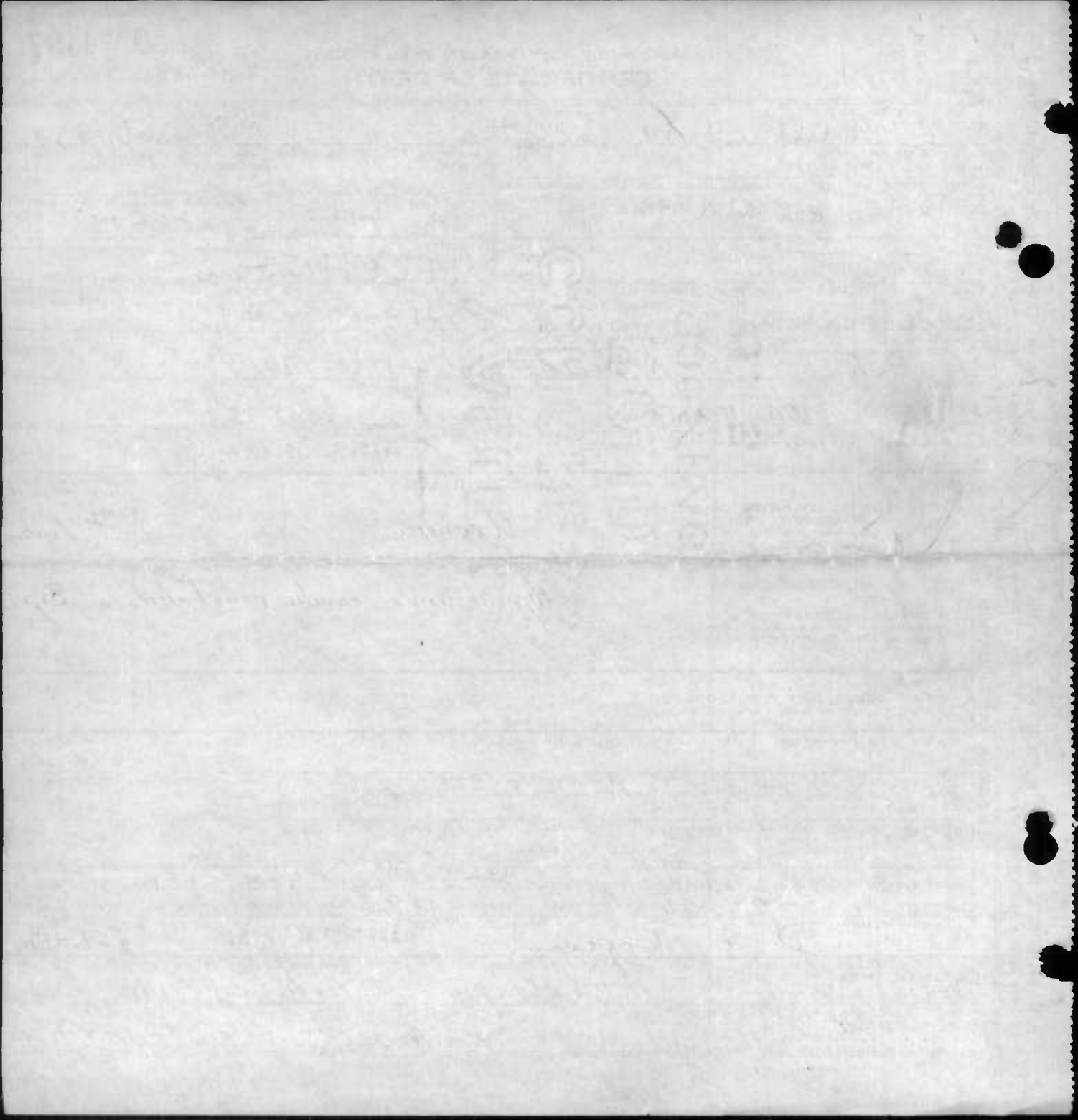
Wm. A. JACKSON - 916 PENNA. AVE

MAY 8 - 1950

VS 150

988X6

131a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4198

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MADELINE

McFADDEN

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Silver Spring

D. STREET ADDRESS (If rural, give location)

9928 Grayson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 18, 1940

9. AGE (In years last birthday)

9

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Russell McFadden

14. MOTHER'S MAIDEN NAME

Margaret Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Mae L. Anderson 5537 Oakland Rd. 27

18.

816.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Contusion of heart and lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of liver and spleen

DUE TO

(C) Hemorrhage into pleural cavities

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Public--road

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Route #1, Harwood, Howard County, Md.

21D. TIME (Month) (Day) (Year) (Hour)

May 5, 1950

11:53 P. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Three car collision (Passenger)

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Decker M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Linwood Cem.

24D. LOCATION (City, town, or county)

McElhattan, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichenor & Sons Balto, Md.

CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

L-200
50 4199BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4199
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MYRTLE

G.

LEWIS

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Montgomery

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Silver Spring

D. STREET ADDRESS (If rural, give location)

9928 Grayson Avenue

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 17, 1891

9. AGE (In years
last birthday)

59

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Quiggle

14. MOTHER'S MAIDEN NAME

Lavina Everett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Mae L. Anderson 5537 Oakland Ave.

18.

8164

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Fracture of skull, femorae, tibiae,
and fibulae

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple contusions and abrasions

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hemorrhage from nose and mouth

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Public--road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Route #1, Harwood, Howard County, Maryland

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 5, 1950

11:58 P.m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Three car collision (passenger)

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
5-6-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Linwood Cem.

24D. LOCATION (City, town, or county)

McElhattan, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

25m. J. Tichener & Sons Balt. Md.

VS 151

8042

170c

MARGIN CERTIFICATION FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4200

BIRTH NO. 50 4200

1. NAME OF DECEASED (Type or Print) WILLIAM H. LEWIS		2. DATE OF DEATH May 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Montgomery	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver Spring 6500	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 9928 Grayson Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH Dec. 29, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Associated Engineer		10B. KIND OF BUSINESS OR INDUSTRY U. S. Government	9. AGE (In years last birthday) 52
13. FATHER'S NAME William Lewis		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? Mary -	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Mae L. Anderson	
		ADDRESS 5537 Oakland Ave	

1B. 816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Compound fractures of skull, femorae, tibiae and fibulae	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Multiple fractures of ribs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Multiple lacerations, abrasions, and contusions		

19A. DATE OF OPERATION May 5, 1950	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public--road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route #1, Harwood, Howard County, Md.
21D. TIME (Month) (Day) (Year) (Hour) May 5, 1950 11:58 P m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Three car collision (driver)

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dunsacker</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 5-6-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5/9/50	24C. NAME OF CEMETERY OR CREMATORY Linwood Cem.
24D. LOCATION (City, town, or county) (State) McElhattan, Pa.	25. FUNERAL DIRECTOR <i>Wm. J. Tichner & Sons</i>	
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1950	REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>	ADDRESS <i>Paeto Md</i>

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4201

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STORM, KATIE

2. DATE
OF
DEATH

MAY 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

FRANKLIN SQUARE HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

16-07

D. STREET ADDRESS (If rural, give location)

1631 ROSEDALE ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 14, 1871

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

T

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U S

13. FATHER'S NAME

JACOB SHREINER

14. MOTHER'S MAIDEN NAME

MARY SHREINER HURST

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FRANK D STORM, 1631 ROSEDALE ST

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

MYOCARDIAL INFARCTION

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CORONARY THROMBOSIS

DUE TO

4 days

II

(C)

CORONARY ARTERIOSCLEROSIS.

Not known

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

BRONCHO PNEUMONIA.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 6, 1950 to MAY 7, 1950 that I last saw the deceased alive on MAY 7, 1950, and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin W. Shreiner

M. D.

23B. ADDRESS

FRANKLIN SQUARE HOSPITAL

23C. DATE SIGNED

MAY 7 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAY-10-50

WESTERN CEM.

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1950

Huntington Williams, M.D.

Mrs Chas A S Rohde 2327 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 S. Hilton St St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mariah V. Slacum

(a) Residence: No. 152 S. Hilton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. Color or Race white 5. Single, Married, Widowed, or Divorced (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H.

6. DATE OF BIRTH (month, day, year) June 30, 1862

7. AGE 87 Years 10 Months 5 Days If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co., Md. (State or country)

13. NAME Thomas Beckwith

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Mary J. Wheeler

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT George S. Tyler (Address) 152 S. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Dorchester Co., Md. Date May 9, 1950

19. UNDERTAKER Howard H. Hubbard (Address) 2503 Edmondson Ave.

20. FILED MAY 8 - 1950 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1950

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1950 to May 6, 1950

I last saw alive on May 5, 1950 Death is said to have occurred on the date stated above, at 4:08 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis.

Date of onset

Other contributory causes of importance:

Coronary atherosclerosis

1949

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Beckwith M. D.

(Address) 4119 2nd Ave

131a

MARGIN RESERVED FOR BINDING

N. B.—WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M-674

50 4203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4203

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN E MARKLEY

2. DATE
OF
DEATH

5/6/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

BALTIMORE, MD

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4918 Grindon Ave

Yrs.
Mos.
Days

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-03

d. STREET ADDRESS (If rural, give location)

4918 Grindon Ave

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct 2 - 1888

9. AGE (In years,

last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerk, Grocery store

10b. KIND OF BUSINESS OR INDUSTRY

store

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William E. Markley

14. MOTHER'S MAIDEN NAME

Lydia Mumma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2-12-69-9135

17. INFORMANT

Mr. H. F. Miller - 5503 Sefton

ADDRESS

18. 434.3 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) HYPERTENSION

DUE TO

1940

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARDIAC DECOMPENSATION

DUE TO

4/15/50

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 5/6, 1950, that I last saw the deceased alive on 5/6, 1950, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Walter E. Farfman

M. O.

23b. ADDRESS

4331 Hayford Rd

23c. DATE SIGNED

5/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5/9/50

24c. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24d. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter E. Farfman

25. FUNERAL DIRECTOR

L. J. Huck - 5305 Hayford Rd

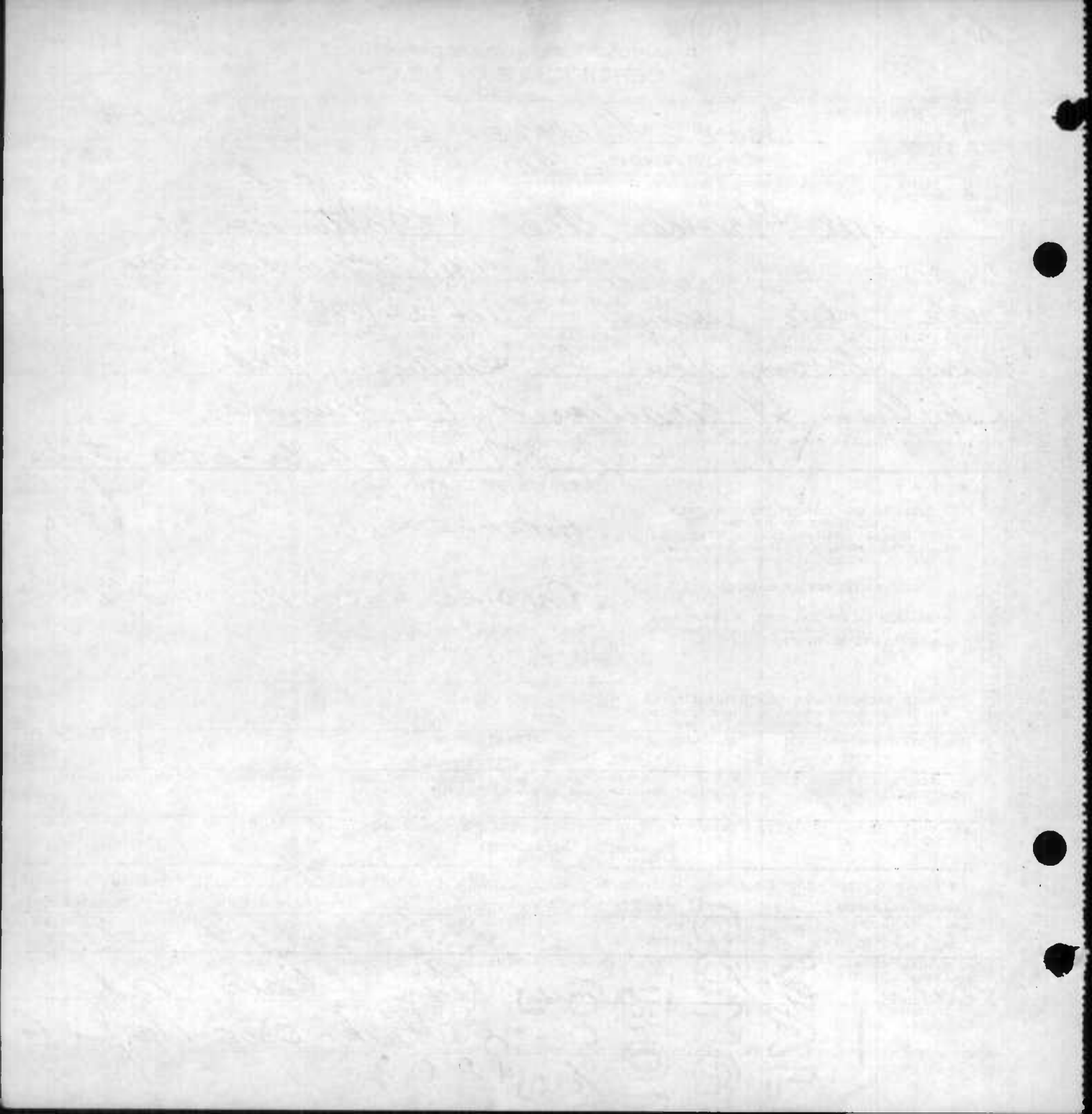
ADDRESS

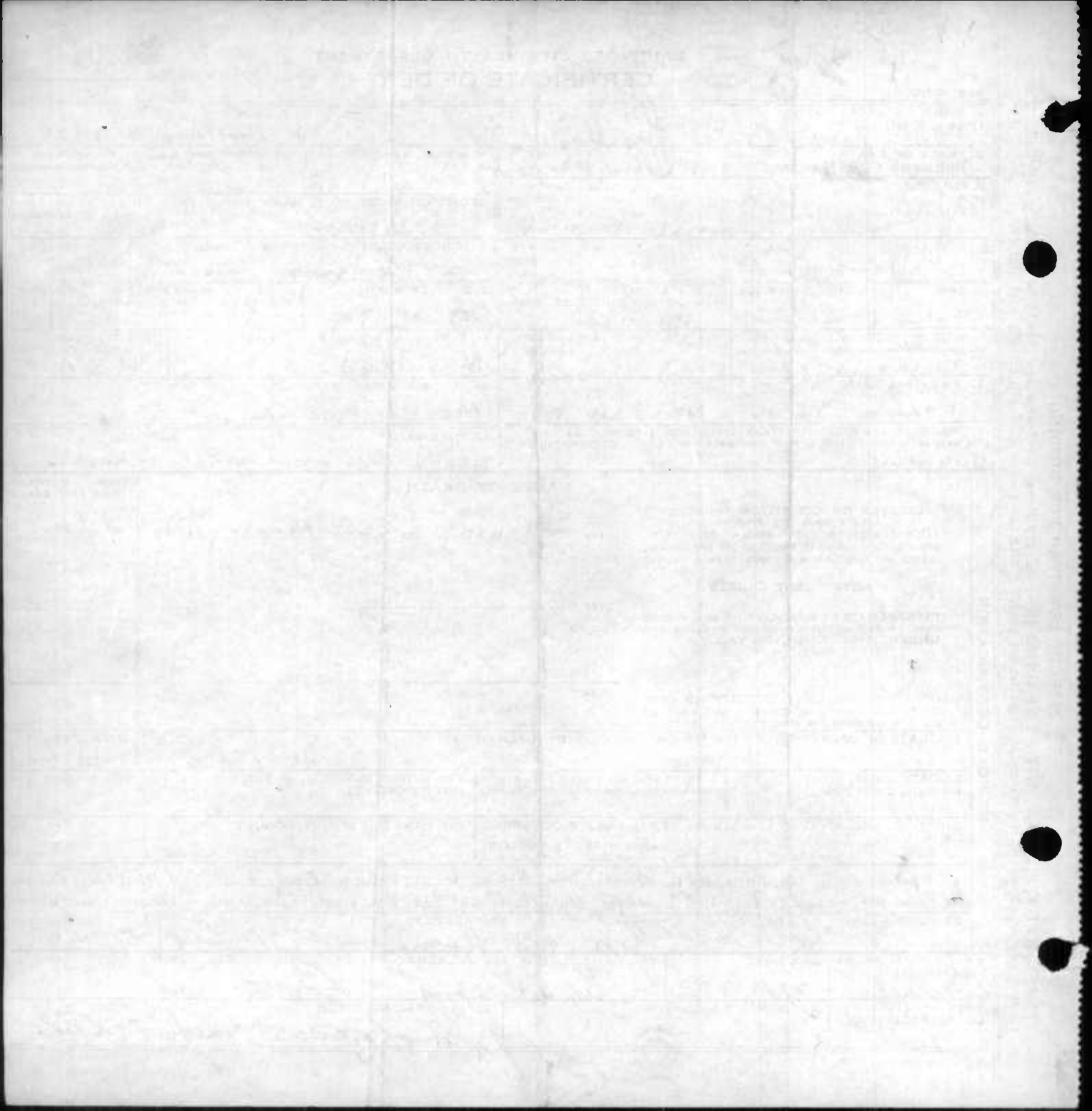
MAY 8 1950

29061

93D

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4205**

BIRTH NO

1. NAME OF DECEASED
(Type or Print)

Lena

McCaine

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

826 Parish St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 17, 1905

9. AGE (in years last birthday)

45

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond Co. N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Kinch

Little

14. MOTHER'S MAIDEN NAME

Hannah McCray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Banks McCaine

ADDRESS

826 Parish St

18.

451.X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Ruptured aortic aneurysm

DUE TO Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

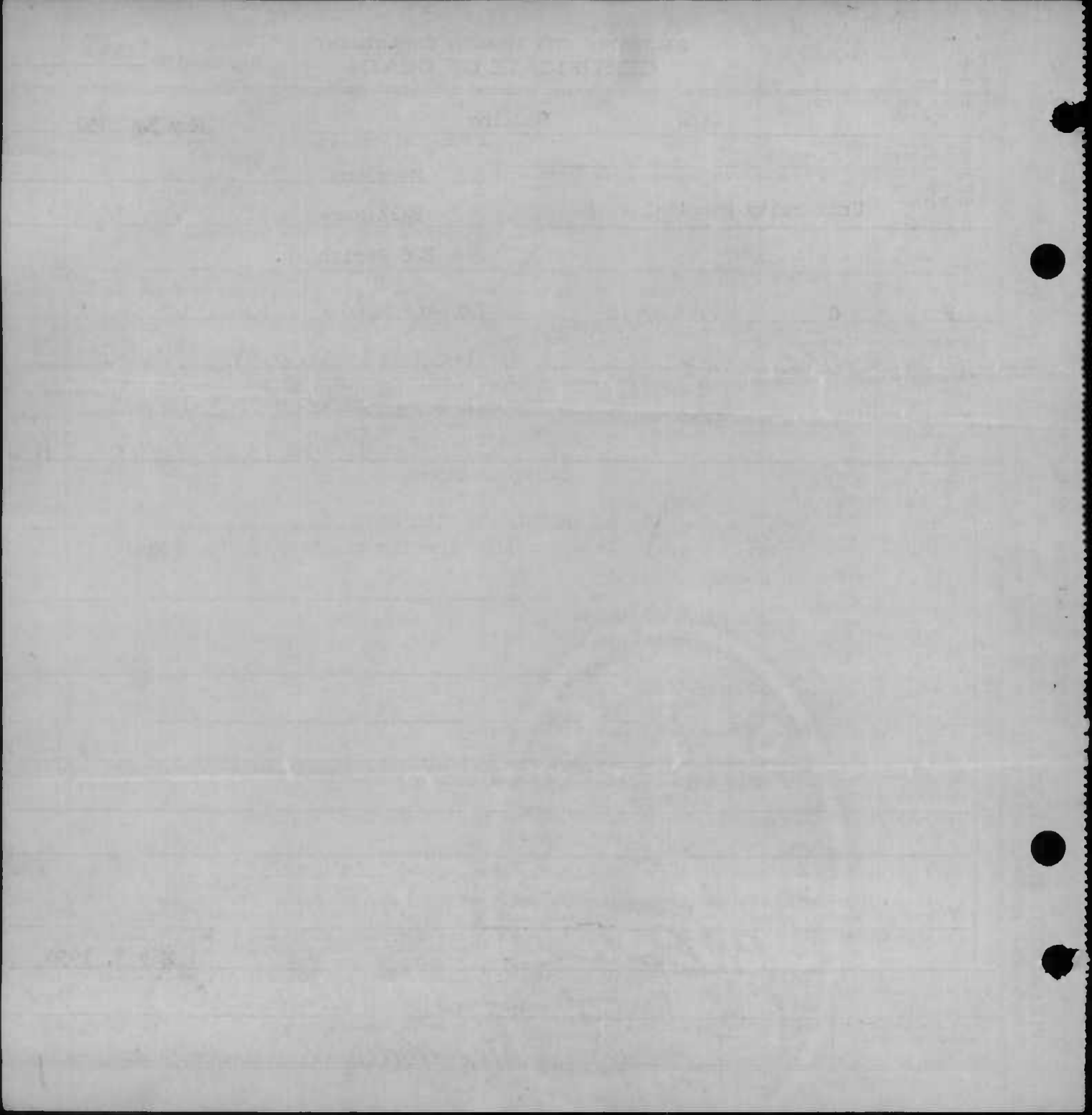
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

3221

Mrs. Katie R. Williams Schroeder



J-525
50 4206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58 4206

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JULIA JOHNSON			2. DATE OF DEATH MAY 5/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 427 MOSHER ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 14-02		
c. Length of stay in Baltimore 25 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 427 MOSHER ST		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 7/5/74	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days 10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10B. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		
11. BIRTHPLACE (State or foreign country) MD.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN HENDERSON			14. MOTHER'S MAIDEN NAME ROSANNA BELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT CARRIE JONES			ADDRESS 427 MOSHER		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARDIO VASCULAR DISEASE DUE TO CEREBRAL HEMORRHAGE DUE TO 1 DAY			CAUSE OF DEATH 2 YRS.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from OCT 15, 1949 , to MAY 5, 1950 , that I last saw the deceased alive on MAY 5, 1950 , and that death occurred at 168 m., from the causes and on the date stated above.					
23A. SIGNATURE E. Williams		23B. ADDRESS 1928 Penna An		23C. DATE SIGNED 5/15/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 9, 1950		24C. NAME OF CEMETERY OR CREMATORY Bowen	
24D. LOCATION (City, town, or county) Baltimore MD		24E. LOCATION (State) MD			
DATE RECEIVED BY LOCAL REGISTRAR MAY 8 - 1950		REGISTRAR'S SIGNATURE E. Williams		25. FUNERAL DIRECTOR Geo. L. Nelson	
ADDRESS 1303 Preston St					

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 10, 1911.

REPORT
OF THE
ATTORNEY GENERAL,
JAMES C. CLARK,
FOR THE YEAR
1910.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1911.

C-534
50 4207BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4207
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W. Chandler

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1707 n. mount st

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1707 n. mount st

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

July 2 1881

9. AGE (In year,
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

??

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sials Chandler

14. MOTHER'S MAIDEN NAME

Eliza Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Chandler 1707 n. mount st

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertension and Coronary Vascular 6 Mos.
DUE TO Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1950, to May 5, 1950, that I last saw the
deceased alive on May 5, 1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Franklin Phillips

M. D.

23B. ADDRESS

1543 Phenna Ave

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

mt Auburn

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

George S. Nelson

25. FUNERAL DIRECTOR

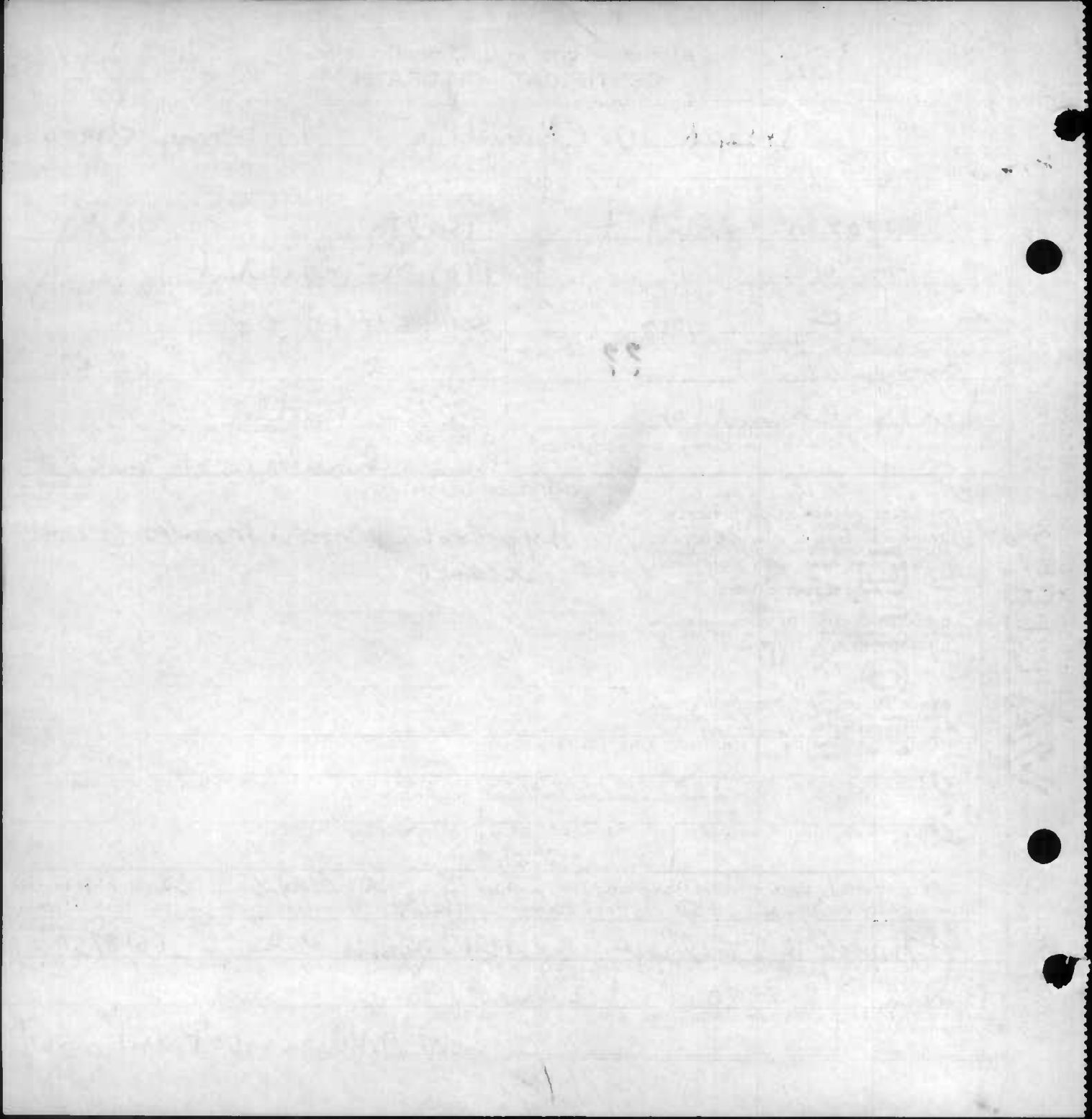
George S. Nelson 1303 Prestonmont

ADDRESS

VS 150

98899

937



J-525
50 4208BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4208

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgia B. Johnson

2. DATE
OF
DEATH

5/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 1920 E. Pratt St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1920 E. Pratt St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/20/1881

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

Rhoades

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Johnson 1920 E. Pratt St. Balto.

1B.

331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
Arterio Sclerosis and

ANTECEDENT CAUSES

(B)

DUE TO

Hypertension

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

20 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5th, 1950, to May 6th, 1950, that I last saw the
deceased alive on May 6th, 1950, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry J. Lankton

M. D.

23B. ADDRESS

100 N. Miller St.

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler, Inc. 403 S. Wolfe St.

MAY 8 - 1950

Lilly & Zeiler Inc. R.M.W.

83a

Dr. Tankin
100 N. Milton Ave.

S-364 4209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4209

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Stirling

2. DATE
OF DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Prady 2-4001

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

6-01

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24

D. STREET ADDRESS (If rural, give location)

3007 Pulaski Highway

c. Length of stay in Baltimore

LIFE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-22-91

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LUMBER SAWYER

10B. KIND OF BUSINESS OR
INDUSTRY

LUMBER CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES STIRLING

14. MOTHER'S MAIDEN NAME

MINNIE ENGLEHART.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-10-1167

17. INFORMANT

ADDRESS

JOHN HOPKINS HOSPITAL

18.

181X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pneumonia, Atelectasis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Metastatic carcinoma

DUE TO

one year

(C) Bladder carcinoma

one year

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ileo-cutaneous fistula 6 weeks

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-1950 to 5-6-1950, that I last saw the
deceased alive on 5-6-1950, and that death occurred at 12:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE

WWS Butler III

M. D.

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

5/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 9 1950

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM.

24D. LOCATION (City, town, or county)

EASTERN AVE RD

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

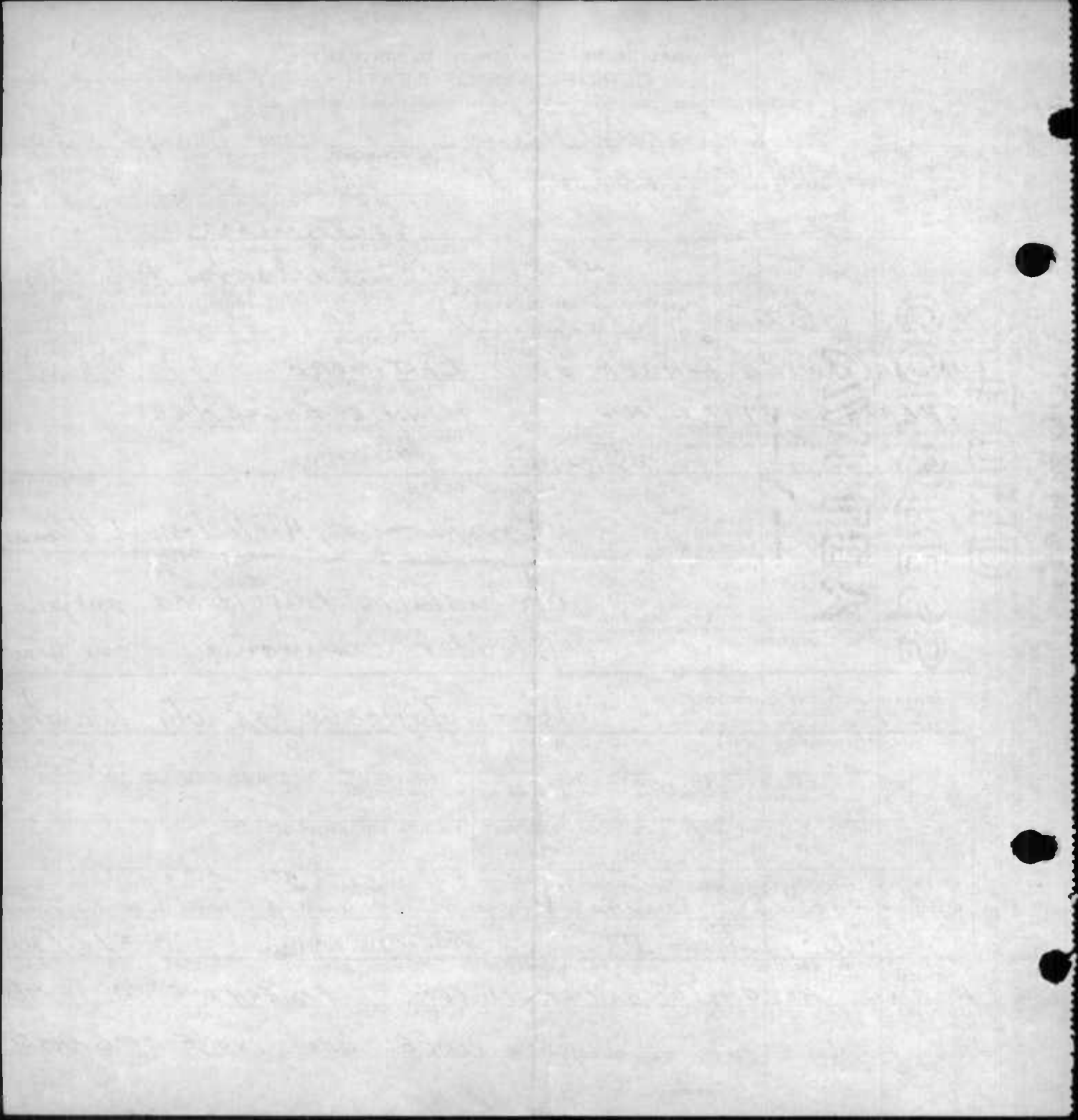
DIPPEL BROS 1800 E LOMBARD ST

MAY 8 - 1950

Thurston Williams

35209

52 B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4210

Registered No.

BIRTH NO. 00-66224

1. NAME OF DECEASED
(Type or Print)

Carlton Colbert

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-07

D. STREET ADDRESS (If rural, give location)

122 W. 22nd St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

3-27-50

9. AGE (In years
last birthday)

5 weeks

11 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carlton Colbert

14. MOTHER'S MAIDEN NAME

Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uokooow) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia, bronchial

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CERTIFICATION APPROVED BY

R. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINER.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5-6-1950 to 5-6-1950; that I last saw the
deceased alive on 5-6-1950, and that death occurred at 5-6-1950, from the causes and on the date stated above.

23A. SIGNATURE

G. Robinson

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial 5/9/1950 Mt Calvary Em & A. Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 1950

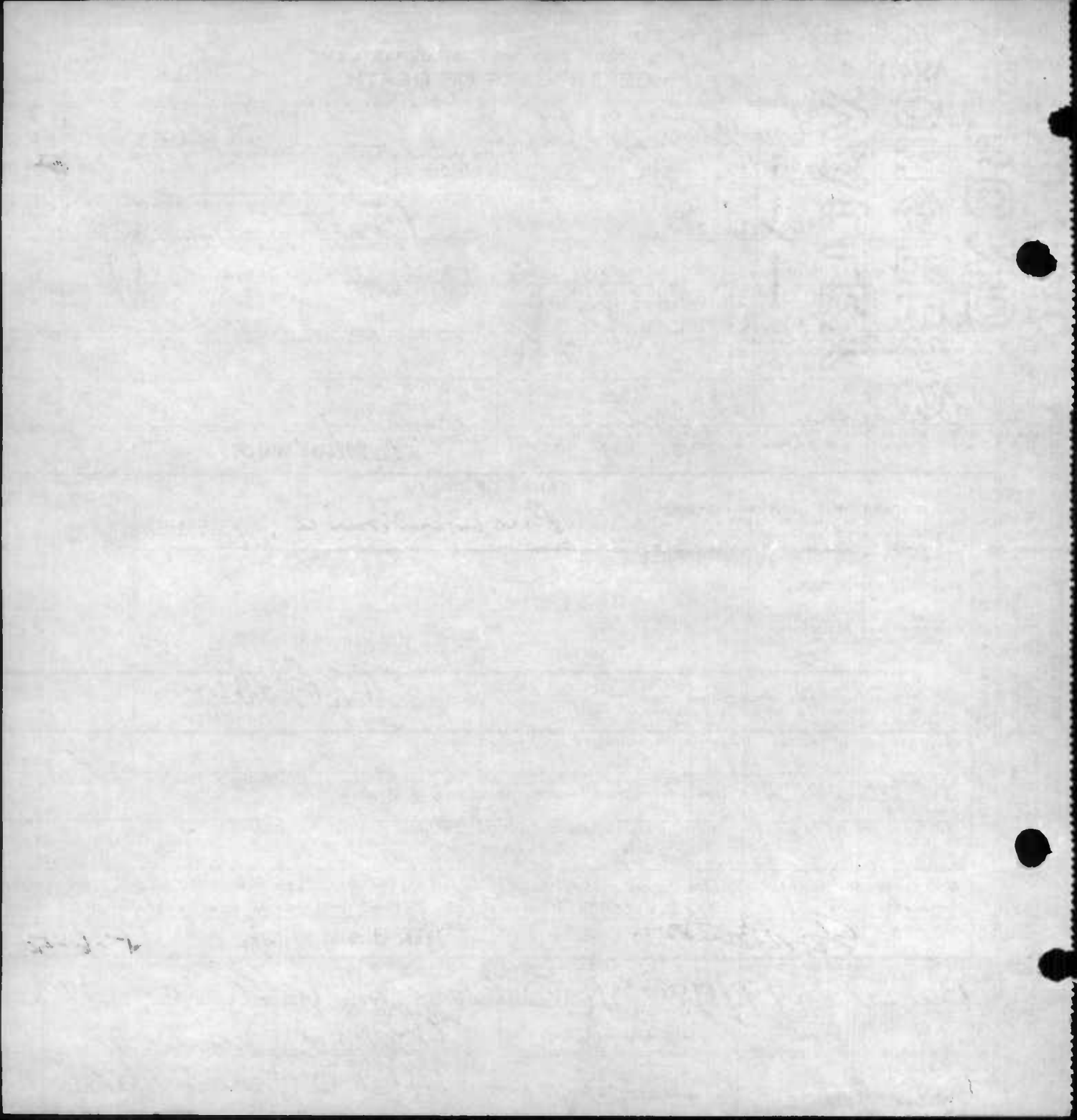
Huntington Williams, M.D.

Rayner Sanders

VS 150

To be approved by med. Exam.

1412 E. Preston St 107



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4211
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EARL

C.

SCHRAMP

2. DATE
OF
DEATH May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

New York

Unknown

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hos ital (DOA)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lowville

D. STREET ADDRESS (If rural, give location)

150 Dayan

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

30 Sept. 22

9. AGE (In years
last birthday)

27

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

U. S. Air Force

10B. KIND OF BUSINESS OR
INDUSTRY

S/Sgt

11. BIRTHPLACE (State or foreign country)

Watertown, New York

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Unknown

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Service Record

ADDRESS

18.

E81641

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Fracture of pelvis, jaw, facial bones,
~~XXXX~~ and skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Lacerations of scalp and abdominal wall

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
public--road21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Route #1, Harwood, Howard County, Md.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
May 5, 1950 11:58 P m.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒21F. HOW DID INJURY OCCUR?
Three car collision (driver)22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Durelacher M.O.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1950

Wilmington Williams, Jr.

W.W. Chambers Inc 517 11th St.

VS 151

N 8042

60896

for Karl Elson Wash., D.C.
1st Lt USAF (MCO) 170C

STATE OF TEXAS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4212
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARL E. MOLINE

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Michigan

Unknown

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Detroit

D. STREET ADDRESS (If rural, give location)

1488 E. Jefferson Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 1, 1930

9. AGE (In years
last birthday)

19

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

U.S. Air Force

10B. KIND OF BUSINESS OR
INDUSTRY

Cpl.

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Carl E. Moline

(djm)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull, right tibia and fibula

~~XXXXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple abrasions and contusions

~~XXXXXX~~

II

(C) Hemorrhage from mouth, ears, and nose

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Public - Road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Route #1, Harwood, Howard County, Md.21D. TIME (Month) (Day) (Year) (Hour)
of INJURY

May 5, 1950

11:58 P. m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Three car collision (Passenger)

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
5-6-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/8/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Detroit, Mich

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-804.2

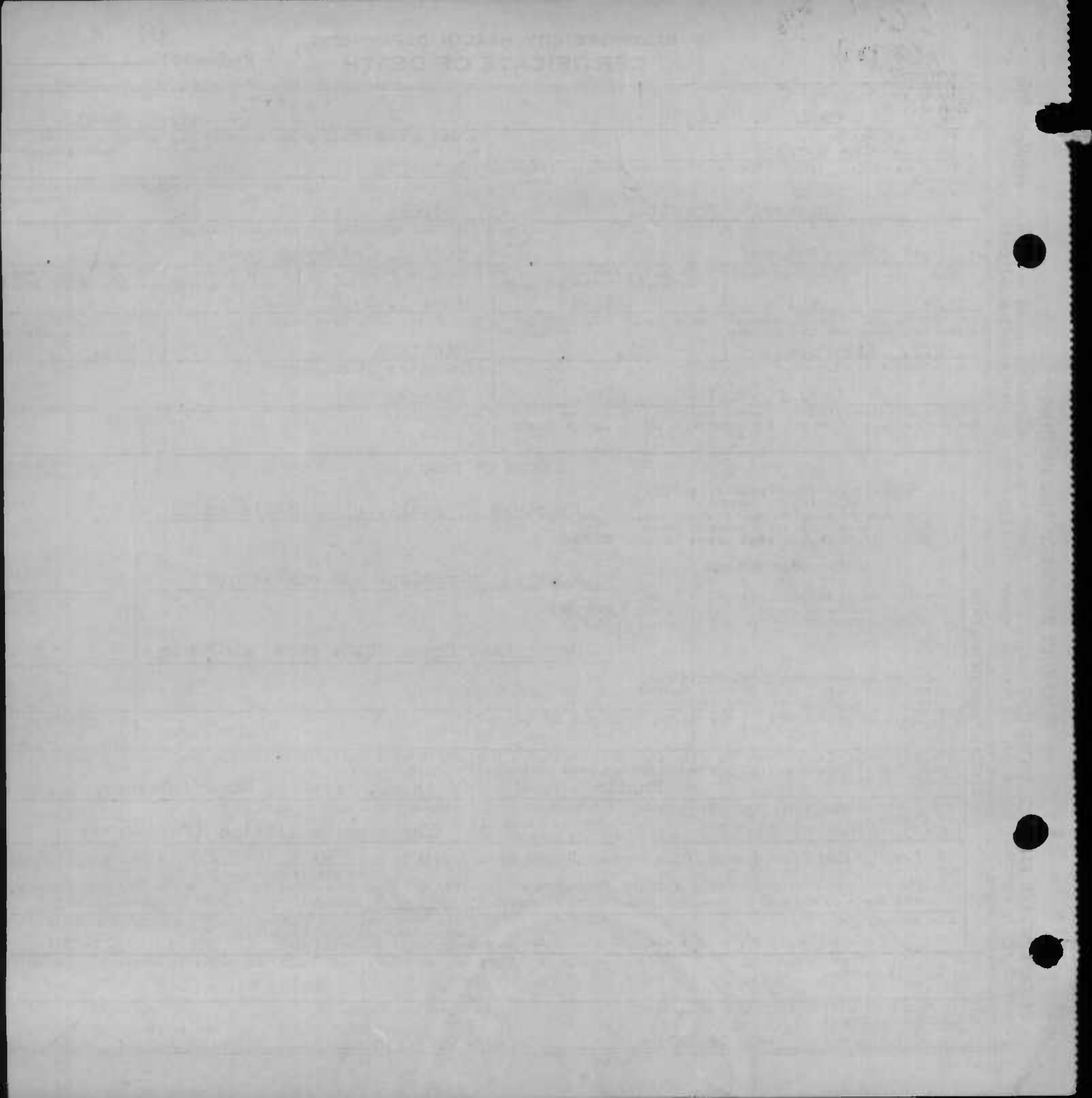
60896 for Karl Glosner

1st. USA B (m.c) 170 C

Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Antoinette Cullen

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland B. Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

6028 Old Harford Rd.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

509 Dunkirk Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/23/1871

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William McKenzie

14. MOTHER'S MAIDEN NAME

Elizabeth Rumstine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs Mary C. Porter 509 Dunkirk Rd.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Auricular Fibrillation causing
DUE TO Pulmonary Embolism (R. V. H.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerosis - myocarditis.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) senility

INTERVAL BETWEEN
ONSET AND DEATH

April 30

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 7, 1950, that I last saw the
deceased alive on May 7, 1950, and that death occurred at 9:48 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harold H Burns

23B. ADDRESS

529 N. Charles St. Baltimore Md

23C. DATE SIGNED

May 8, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/10/50

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cem.

24D. LOCATION (City, town, or county) (State)

Howard County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

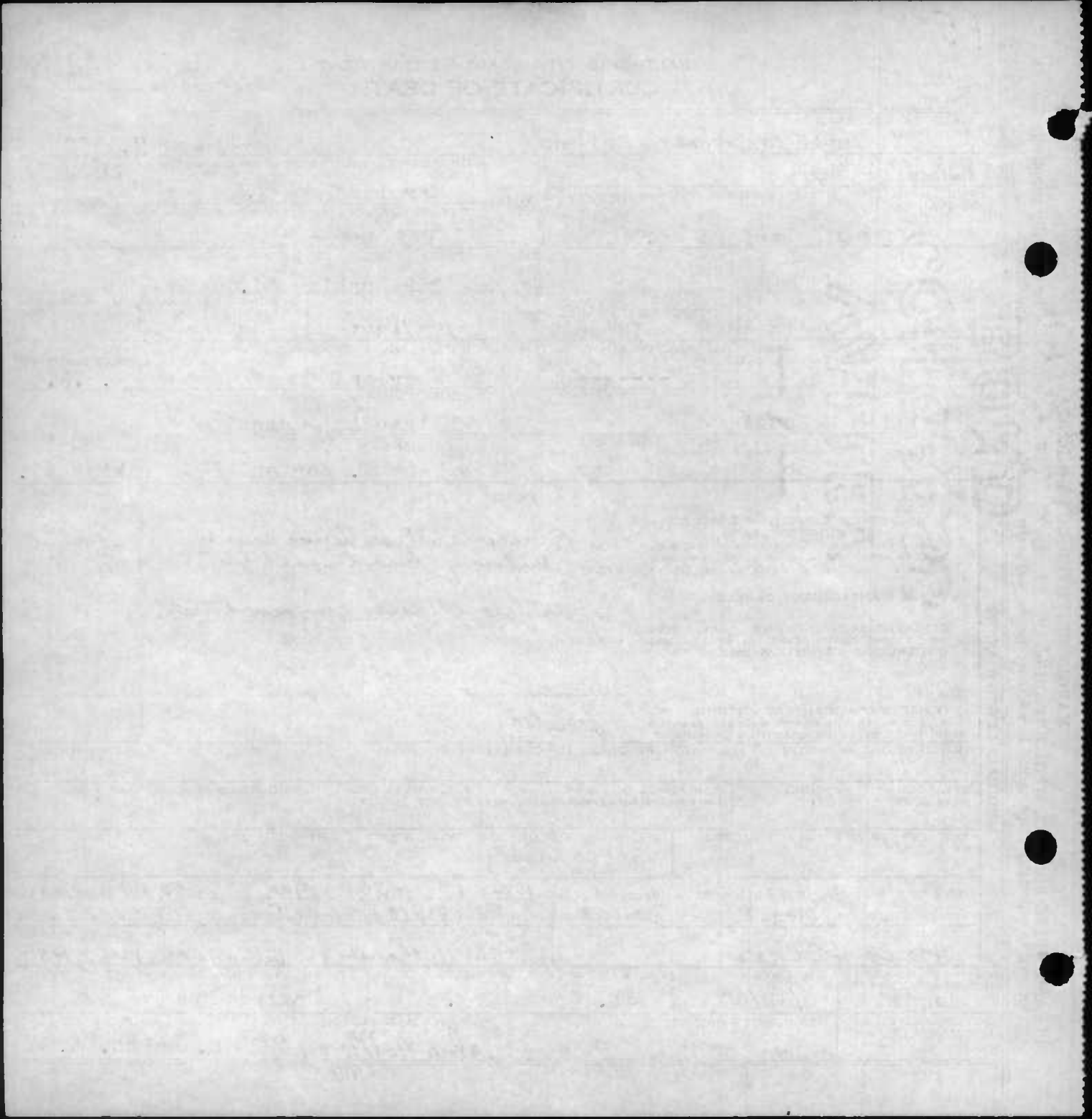
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John A. Moray

3000 E. Balto. St.



F635
50 4214BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4214

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Adam
JOHN FRIEDMANN2. DATE
OF DEATH May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

154 N. Linwood Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

154 N. Linwood Avenue

c. Length of stay in Baltimore

61 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

May 23, 1871

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR
INDUSTRY

(Meat Packing Plant)

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter Friedman

14. MOTHER'S MAIDEN NAME

Kunigunda ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-16-9929 Miss Alice Newkirk

17. INFORMANT 154 N. Linwood Avenue

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

(B)

DUE TO

Coronary Disease
myocardial DamageDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Arterio - Sclerosis

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

Unknown

"

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 6, 1948, to May 5, 1950, that I last saw the
deceased alive on May 5, 1950, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Philibert Antignani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

5/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

ADDRESS

Henry P. Sander 931

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1954 10/10/54

MEMORANDUM FOR

SUBJECT

DATE

TO

FROM

BY

DATE

RE

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4215

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUGUST BUCHHEIT

2. DATE
OF
DEATH

5-6-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION

43 SOUTH BALTIMORE GEN. HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTO. MD. 23-01

D. STREET ADDRESS (If rural, give location)

925 S. HANOVER ST.

c. Length of stay in Baltimore

LIFETIME

5. SEX

MALE

WHITE

6. COLOR OR RACE

MARRIED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

MARCH 9, 1884

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

SEA FOOD

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ADAM BUCHHEIT

14. MOTHER'S MAIDEN NAME

HENRIETTA MARTINDALE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

216-03-9049A

17. INFORMANT WIFE ADDRESS
CORRINE BUCHHEIT SAME

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5/5, 1950, to 5/6, 1950, that I last saw the
deceased alive on 5/6, 1950, and that death occurred at 12:35 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Scalia

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

5/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-10-1950

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVET

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 8 - 1950

James L. McCally

130 E FORT AVE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4216

Registered No. _____

BIRTH NO. 50 4216

1. NAME OF DECEASED (Type or Print) <u>VINCENT MROZ</u>			2. DATE OF DEATH <u>May 6 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>22 N. Decker ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 6-01</u>		
c. Length of stay in Baltimore <u>40 years</u>			D. STREET ADDRESS (If rural, give location) <u>22 N. Decker ave</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Feb 12 1880</u>		9. AGE (In years last birthday) <u>70</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>P. Green & Sons</u>	11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>unknown</u>			14. MOTHER'S MAIDEN NAME <u>unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. <u>213-10-2260</u>	17. INFORMANT <u>Ms Helen Krambiewicz</u>		
			ADDRESS <u>22 N. Decker</u>		

18. <u>163X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma - Lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis generalizing</u>			(B) DUE TO _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) _____		
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>50</u> , to <u>May 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>50</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Louis F. Kilmer</u>		23B. ADDRESS <u>2623 E. Mount St.</u>		23C. DATE SIGNED <u>May 6 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 10 1950</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore County</u>		
DATE RECEIVED BY <u>MAY 8 1950</u>	REGISTRAR'S SIGNATURE <u>Thurston Williams</u>	25. FUNERAL DIRECTOR <u>John M. Weber</u>		ADDRESS <u>401 Chester Street</u>	

B-260
50 4217BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4217

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD L. BAKER

2. DATE
OF
DEATH

5-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

2309 ST PAUL ST location

ST. PAUL CONVASCENT

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE, MD.

12-04

D. STREET ADDRESS (If rural, give location)

2317 BARCLAY ST.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE in years
last birthday

66

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SHIPPING CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

AUTO SUPPLY BUSINESS

11. BIRTHPLACE (State or foreign country)

BALTO., MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEO. BAKER

14. MOTHER'S MAIDEN NAME

JENNIE BAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

312-07-4558

17. INFORMANT

ADDRESS

MR. EDW. L. BAKER - 2317 BARCLAY ST.

18.

4428 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardio Vascular Disease

10 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950 to May 6, 1950 that I last saw the
deceased alive on May 5, 1950 and that death occurred at 5:41 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Friedman

M. D.

23B. ADDRESS

404 E. North Ave

23C. DATE SIGNED

May 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

ST. MARY'S CEM.

24D. LOCATION (City, town, or county)

GOWANS -

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hendfield & Son

MAY 8 - 1950

VS 150

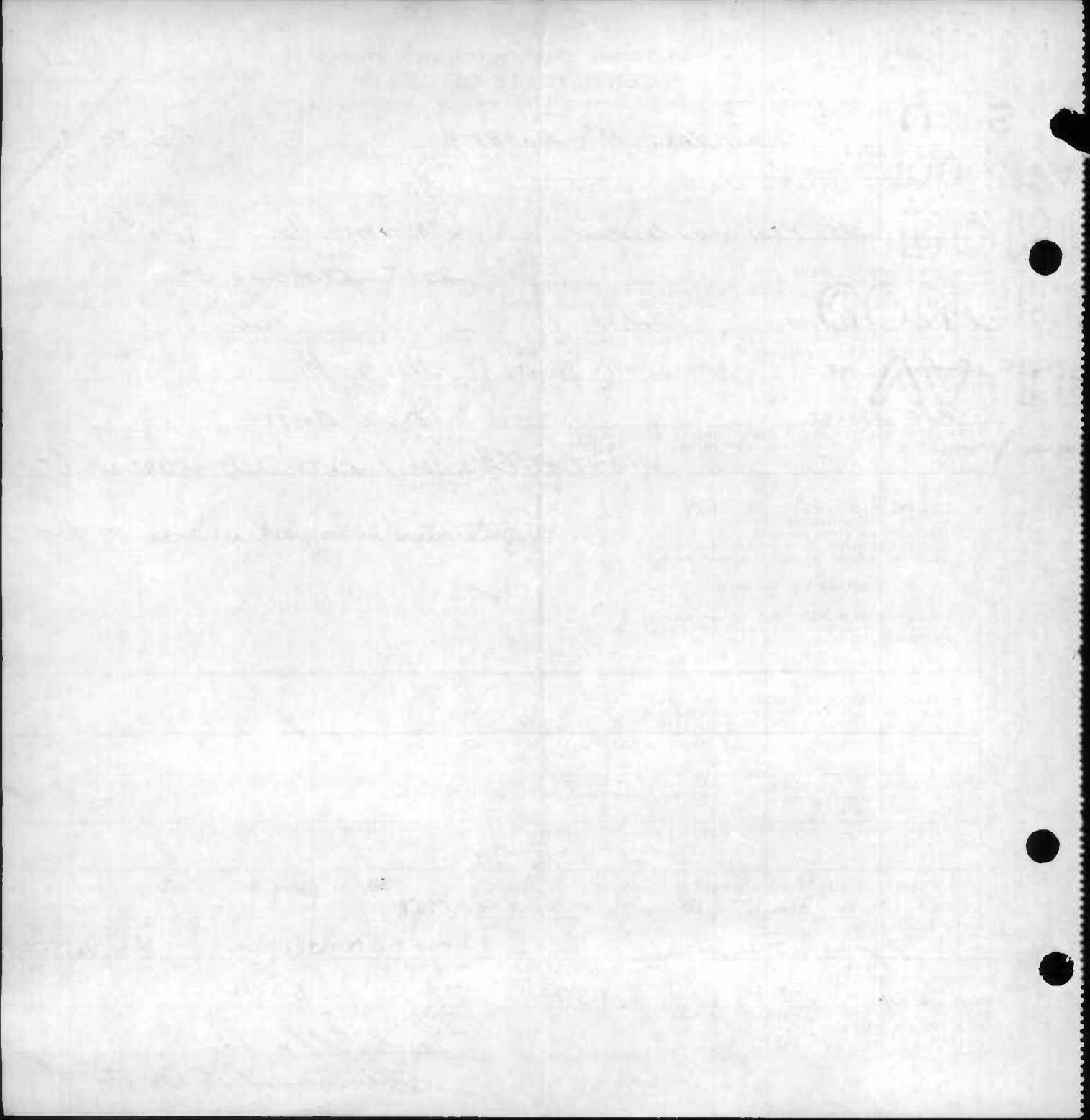
22660

Greenwood Ave & 20th

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4218

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lena Weinberg Epstein

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3611 Labyrinth Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Green Acre Apts. 3611 Labyrinth Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. 27-20

D. STREET ADDRESS (If rural, give location)

3611 Labyrinth Rd.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 25, 1867

9. AGE (In years
last birthday)

83

10. Under 1 Year

3

11. Under 24 Hours

12

12. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lazron Weinberg

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Sidney Lansburg 7200 Pk. Heights Ave.

18. 450.0 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Complete heart block

-1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

Carcinoma of breast

8 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

22. I hereby certify that I attended the deceased from Jan, 1935, to Date, 19, that I last saw the deceased alive on May 7, 1950, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alan Bernstein

23B. ADDRESS

1109 IV Calvert St

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

David S. Sorensen 1902 Eutaw Place

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that

JOHN A. SMITH, of the County of Dallas, State of Texas, for and in consideration of the sum of \$100.00, to him in hand paid by

JOHN A. SMITH, the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said

JOHN A. SMITH, his heirs and assigns forever, all that certain

tract of land, situate in the County of Dallas, State of Texas, containing

more or less, as the same may hereafter appear of record in the public records of the County of Dallas, State of Texas, to-wit:

Tract of land, situate in the County of Dallas, State of Texas, containing

more or less, as the same may hereafter appear of record in the public records of the County of Dallas, State of Texas, to-wit:

Tract of land, situate in the County of Dallas, State of Texas, containing

more or less, as the same may hereafter appear of record in the public records of the County of Dallas, State of Texas, to-wit:

Tract of land, situate in the County of Dallas, State of Texas, containing

more or less, as the same may hereafter appear of record in the public records of the County of Dallas, State of Texas, to-wit:

Tract of land, situate in the County of Dallas, State of Texas, containing

more or less, as the same may hereafter appear of record in the public records of the County of Dallas, State of Texas, to-wit:

Tract of land, situate in the County of Dallas, State of Texas, containing

more or less, as the same may hereafter appear of record in the public records of the County of Dallas, State of Texas, to-wit:

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4219

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HENRY

e
GREENBAUM2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Franklin Sq. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3952 Penhurst Avenue

c. Length of stay in Baltimore

17 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 21, 1903

9. AGE (in years
last birthday)

47

If Under 1 Year
Months: Days

2

17

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sausage manufacture

10B. KIND OF BUSINESS OR
INDUSTRY

Meat

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Greenebaum

14. MOTHER'S MAIDEN NAME

Kauffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jeanette Greenebaum 3952 Penhurst Ave.

18. E976

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Office

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21 Wheeling Avenue

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5/7/50 6:05 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot himself

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 8 - 1950

REGISTRAR'S SIGNATURE

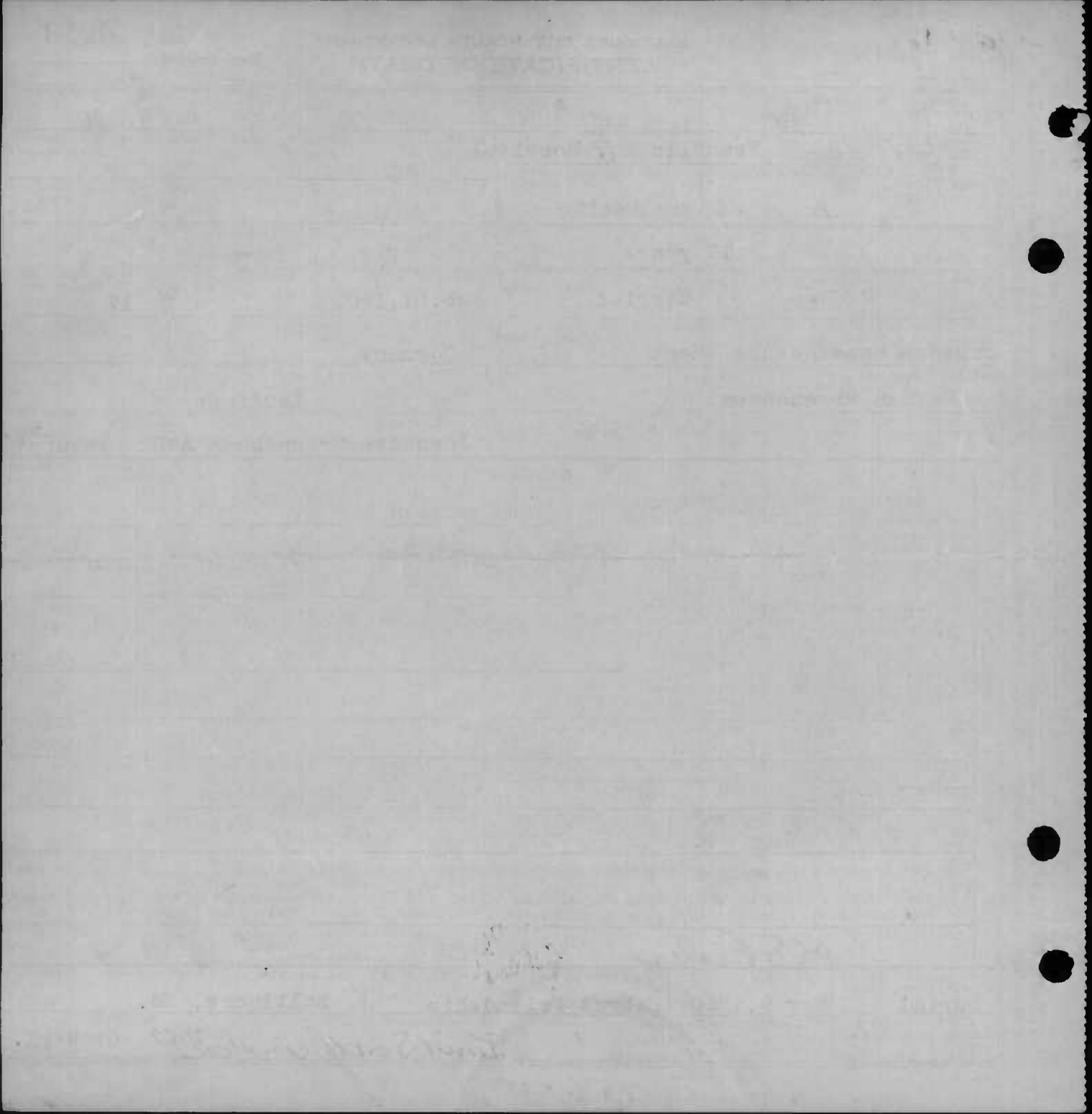
Huntington Williams

25. FUNERAL DIRECTOR

Donald Sporkheinstor

ADDRESS

1902 Putaw Pl.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. 50-089541. NAME OF DECEASED
(Type or Print)BABY GIRL RAINE32. DATE
OF
DEATH4/30/50
4:10 PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

DANIEL5600

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

1/2 Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

4/30/50

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.8 59

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

CLAUDE CHESTER RAINE3

14. MOTHER'S MAIDEN NAME

ARMANELLE ELAINE RAINTER15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.—

17. INFORMANT

MOTHER

ADDRESS

SAME18. 76x.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) FETAL ATELECTASIS8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURYAPRIL 30 '50 11:10
P.M.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 APRIL, 1950, to 30 APRIL, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 11:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James Amlung

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

May 5, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

JOHN W. MCKINLEY MCHL MAY 8 1950DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Winston Williams, Jr.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

MAY 8 - 1950

VS 150

161a

STATE OF TEXAS
COUNTY OF DALLAS

THIS DEED WAS RECORDED
ON THE 12TH DAY OF JANUARY
1902 AT 10:00 A.M.
IN BOOK 12 PAGE 100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GARNER LINFIELD DIXON

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1824 N. Aisquith St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 9, 1898

9. AGE (In years
last birthday)

52

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

I.B.M. Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Md. Dry Dock

11. BIRTHPLACE (State or foreign country)

Mississippi

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lindsay L. Dixon

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency
Arteriosclerosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Bronchitis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 19⁴⁰ to May 7, 19⁵⁰, that I last saw the
deceased alive on May 6, 19⁵⁰, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

5/10/50

Birmingham, Ala.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

50 4222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4222

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMANUEL OSCAR RINEHOLT

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Methodist Home
2211 W. Rogers Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore 77 yrs.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 29, 1872

9. AGE (In years
last birthday)

77

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wesley Rineholt

14. MOTHER'S MAIDEN NAME

Sarah Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Miriam O. Coates 2211 W. Rogers Av

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

3 MONTHS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to May 6, 1950, that I last saw the
deceased alive on MAY 6, 1950, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CRIMINAL RECORDS
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CRIMINAL RECORDS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4223
Registered No.

BIRTH NO. 50 4223

1. NAME OF DECEASED
(Type or Print)

NANCY CATHERINE SMITH

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

10 E. 26th St.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

10 E. 26th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Mar. 25, 1865

9. AGE (in years
last birthday)

85

If Under 1 Year
Month: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Cost

14. MOTHER'S MAIDEN NAME

Teresa Funk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Clarence W. Smith 10 E. 26th St.

18. *from I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Chronic Myocarditis*

DUE TO

months?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Generalized Arterio-sclerosis*

DUE TO

years?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *✓*

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 1, 1950*, to *May 7, 1950*, that I last saw the
deceased alive on *May 7, 1950*, and that death occurred at *5 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Frank M. O'Leary

M. D.

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

*May 8, '50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/9/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tickner & Sons, Balto Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Occupation		Manner of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Place of Issuance	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4224

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) FRANCES A. DAWSON2. DATE
OF DEATH May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY _____ before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION West Baltimore General HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 16-06C. Length of stay in Baltimore lifeD. STREET ADDRESS (If rural, give location)
1027 Ashburton Street

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

B. DATE OF BIRTH

June 4, 18719. AGE (In years
last birthday) 78If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Staylor14. MOTHER'S MAIDEN NAME
unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harry Dawson 3305 Elbert St.18. 4224

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardio-DUE TO vascular disease

ANTECEDENT CAUSES

(B) _____

DUE TO _____

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.23A. SIGNATURE H. J. McClafferty23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ May 8, 1950
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial24B. DATE 5/9/5024C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.24D. LOCATION (City, town, or county) (State)
Balto. Md.DATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
William Williams25. FUNERAL DIRECTOR
Wm. J. Tichenor & SonsADDRESS
Balto

CERTIFICATE OF DEATH

State of New York

No. 1

[Faint, illegible text and lines, likely bleed-through from the reverse side of the page.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4225

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ira Mary Campbell

2. DATE
OF
DEATH

May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

00 2119 Brunt St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

2119 Brunt St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

April 10, 1893

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Jones

14. MOTHER'S MAIDEN NAME

Mary Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rowena Campbell 2219 Brunt St

18.

170X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Ca. of Breast
Carcinoma of Breast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1950, to 5-5, 1950, that I last saw the deceased alive on 4-21, 1950, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Henry J. Young

M. D.

23B. ADDRESS

1113 N. Caroline St.

23C. DATE SIGNED

5-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

St Peters cem

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 9 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George G. Kilson 1303 Presstman St

W-436

50 4226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4226

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES H. WALTERS

2. DATE
OF DEATH May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Maryland General Hospital4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Middle River

D. STREET ADDRESS (If rural, give location)

1430 Shore Drive

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

Sept. 30, 1928

9. AGE (in years
last birthday)

21

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Beth Steel Co.

11. BIRTHPLACE (State or foreign country)

Mifflin, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Blair Walters

14. MOTHER'S MAIDEN NAME

Lenora Roland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lenora Walters, Lewistown, Pa.

18. E916.3, E914.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Second and third degree burns of 90% of the
body

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, factory, street, office bldg., etc.)Industrial
steelplant21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Sparrows Point, Bethlehem Steel

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 7, 1950

21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE ☐
WORK ☒ AT WORK ☐

21F. HOW DID INJURY OCCUR?

Contact with live wire, clothes caught

22. I certify that I took charge of the remains described above, held an Insp. & Inq. on fire
thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 8, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 11, 1950

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Lewistown, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Roland L. Fisher, Dundalk, Md.

VS 151

N-948.2

3404V

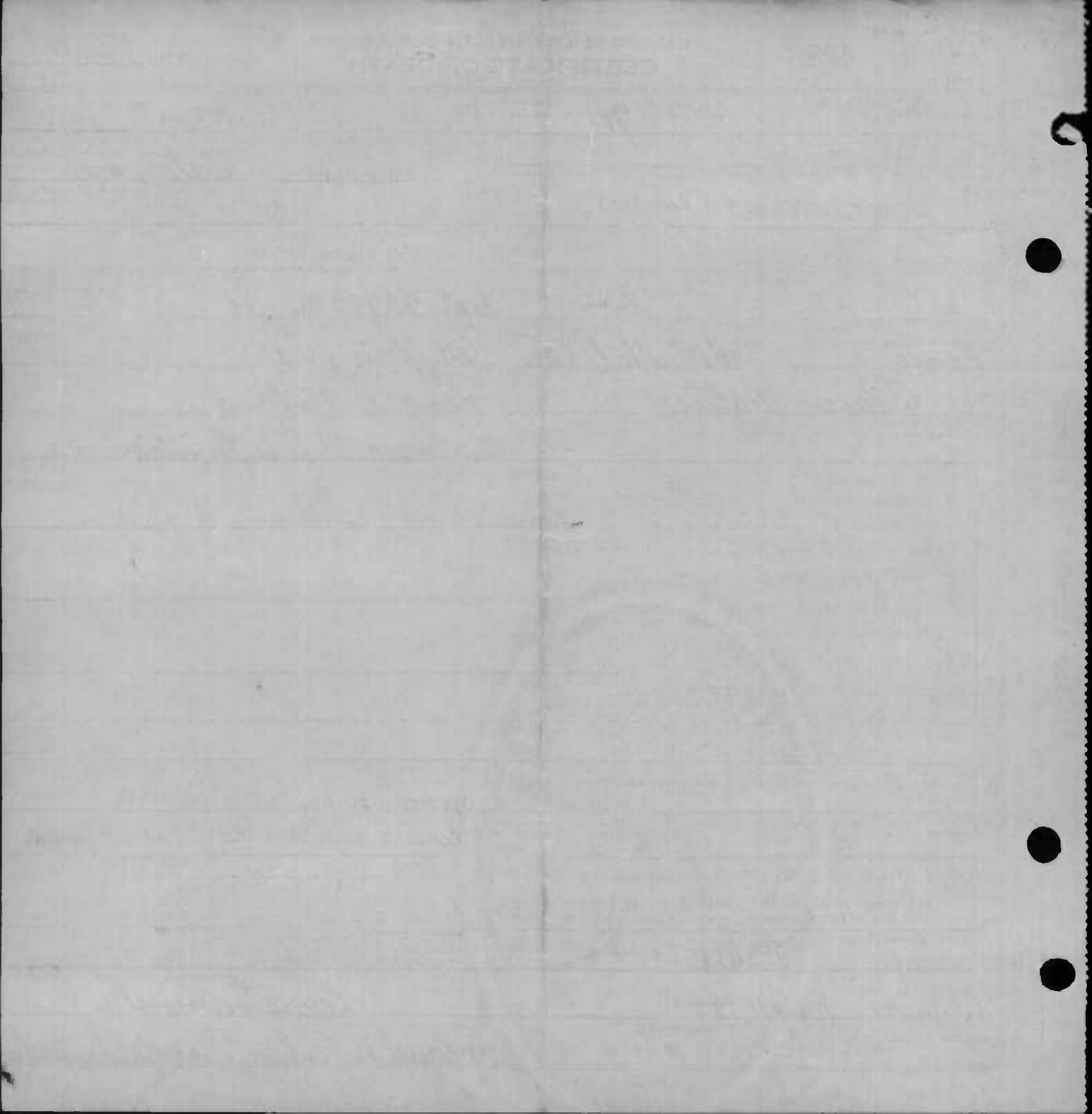
193

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



W-452

50 4227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4227

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Williams

2. DATE
OF
DEATH

7 May 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONGood Samaritan Hospital
60 27 N. Carey St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

2217 David Hall Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

80

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

East India

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mary Dejeu

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardio-vascular
disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Chronic osteomyelitis of left foot.
malunion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 17 April 1950, to 7 May 1950, that I last saw the
deceased alive on 6 May 1950, and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Hennings

M. D.

23B. ADDRESS

601 Wilkins Way

23C. DATE SIGNED

8 May 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

May 9

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Mt Vernon

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lucille Russ 1200 N. Calhoun

MAY 9 - 1950

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

00

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

F. 655
50 4228BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4228
Registered No.

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

SAMUEL FRIMAN

2. DATE
OF
DEATH

5-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Levindale Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-13

D. STREET ADDRESS (If rural, give location)

4207 ParkHeights Ave

c. Length of stay in Baltimore

32 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1890

9. AGE (In years
last birthday)

60

11 Under 1 Year
Months Days11 Under 24 hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cap Maker Lee Cap Co

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Sarah Friman

ADDRESS

4207 ParkHeights Ave

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

20 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

arteriosclerosis

DUE TO

years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mitral insufficiency

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1947, to 5-7, 1950, that I last saw the
deceased alive on 5-7, 1950, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

5-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Sal. Linton + Bros. 1124-2645 North Ave.

ADDRESS

Ave.

MAY 9 - 1950

VS 150

49606

92B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-7-50

2000 5-10-50

YELLY
CONCRETE
BLOCKS

2000 5-10-50

2000 5-10-50

2000 5-10-50

2000 5-10-50

2000 5-10-50

F-630

50 4229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4229
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAISY L. FORD

2. DATE
OF
DEATH

May 6, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 702 S. Eaton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-09

D. STREET ADDRESS (If rural, give location)

702 S. Eaton St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 28, 1878

9. AGE (In years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House-Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Samuel Longley

14. MOTHER'S MAIDEN NAME

Sarah Betz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Andrew Stefan 702 S. Eaton St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Hypertensive Inter cerebral C.V. Disease

Nov 3, 1947

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Chronic Impaired Ht.

May 3, 1950

II

Acute Complete Coronary Occlusion

May 6, 1950

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE ☒ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov 3, 1947 to May 6, 1950, that I last saw the
deceased alive on May 5, 1950, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5-9 50.

Loudon Park Cemetery

3801 Frederick Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1950

Huntington Williams, M.D.

Charles S. Zeiler

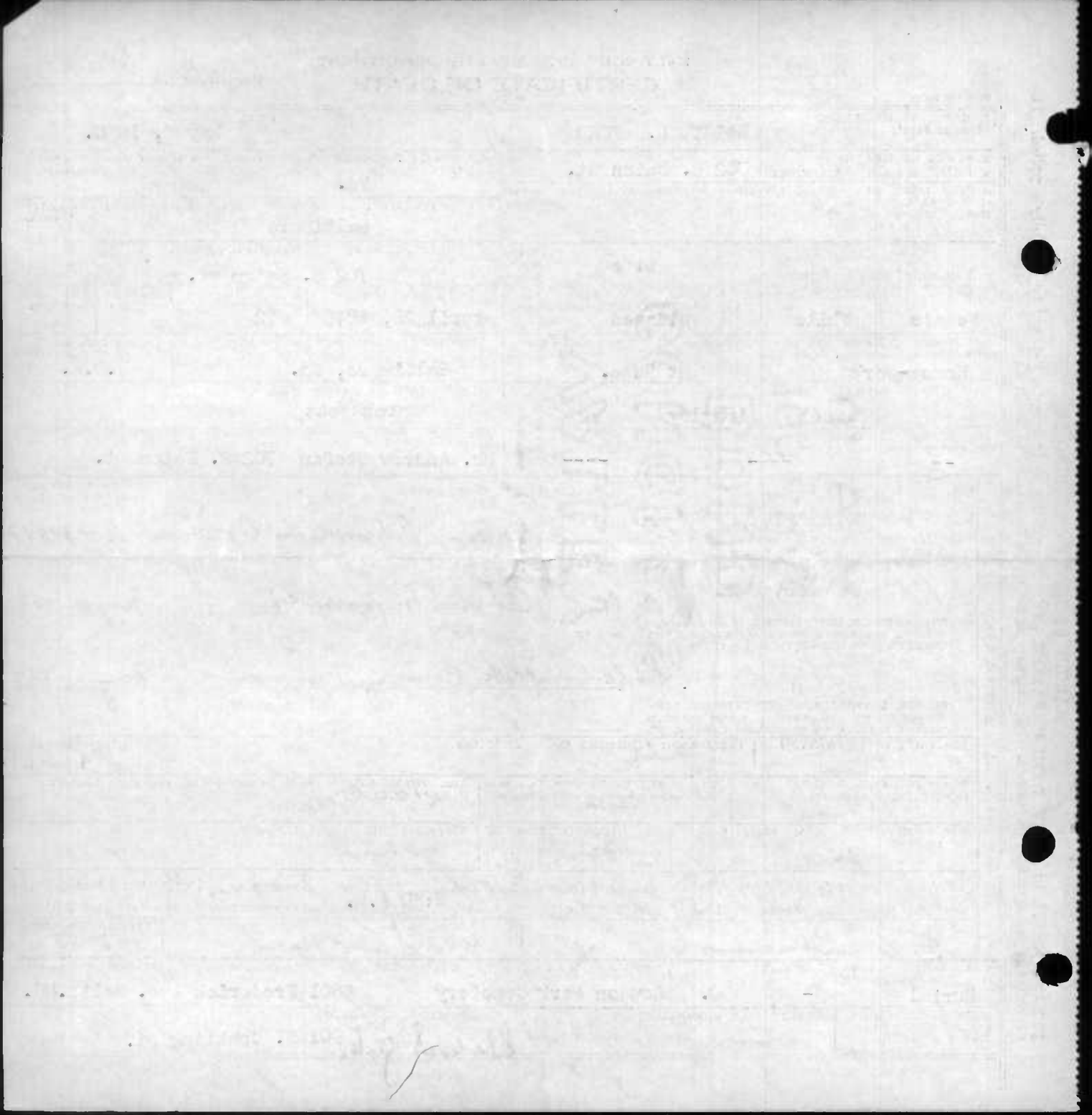
901 S. Conkling St.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 4230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4230
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RACHEL OPPEL

2. DATE
OF
DEATH

5/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI HOSP. & BALTO. INC.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO., MD. 15-12

D. STREET ADDRESS (If rural, give location)

2608 Springhill Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.

65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Philip

14. MOTHER'S MAIDEN NAME

Neome

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Philip Oppel 3510 Holmes Ave

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Colon & metastasis

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of colon

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April, 1950, to May 9, 1950, that I last saw the deceased alive on 5/9/, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur I. Rudolph

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Centaw Pl

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

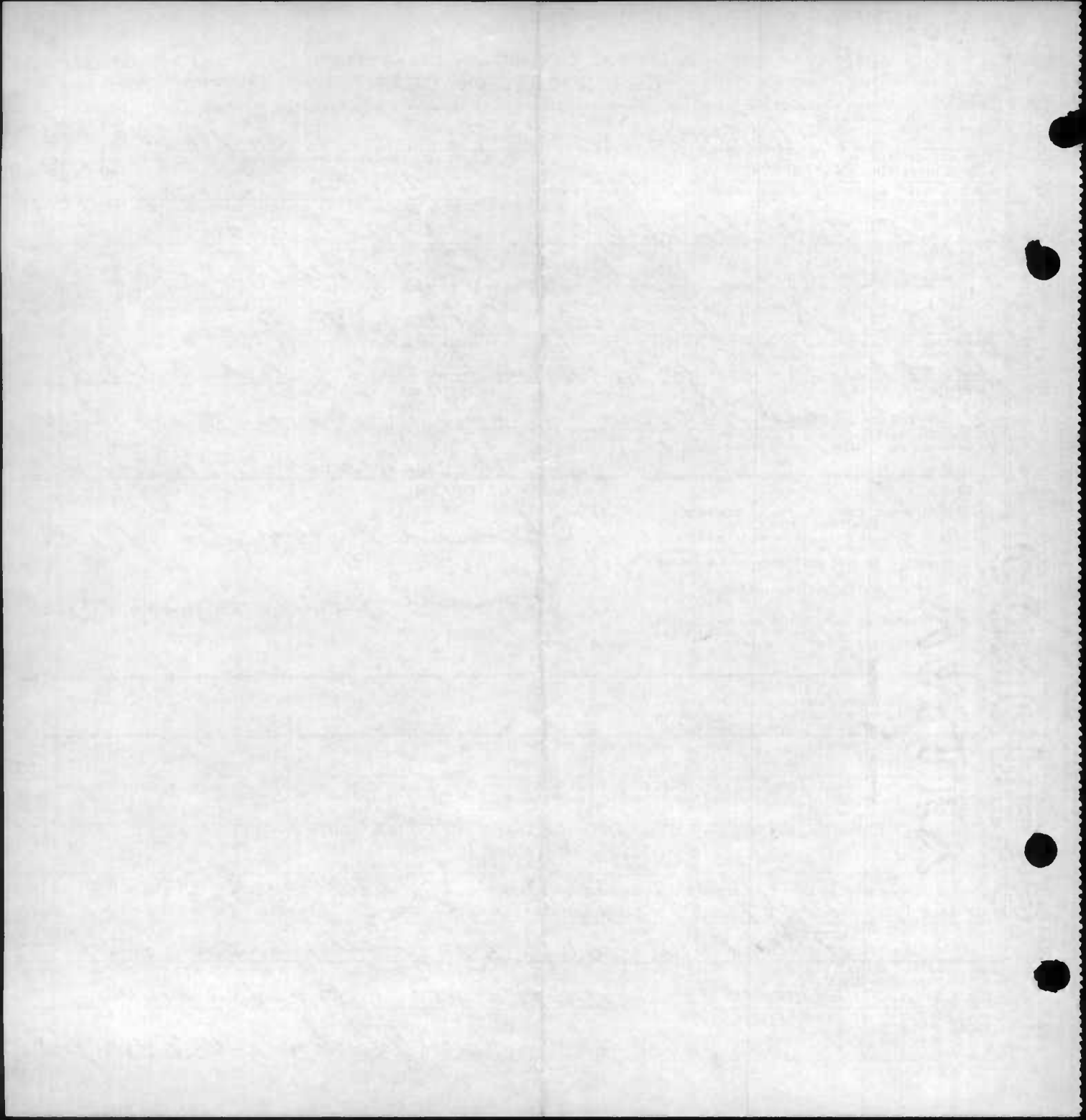
R-160
50 4231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4231
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>William J. Rever</i>		2. DATE OF DEATH <i>May 8 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>27-10</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>517 Willow Ave</i>		D. STREET ADDRESS (If rural, give location) <i>517 Willow Ave</i>		c. Length of stay in Baltimore <i>Life</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Oct 24 1887</i>	9. AGE (In years last birthday) <i>62</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Ship Chandler</i>		11. BIRTHPLACE (State or foreign country) <i>Balto., Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Ferdinand Rever</i>		14. MOTHER'S MAIDEN NAME <i>Olyna Smallwood Brookshank</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT ADDRESS <i>Helen Rever 517 Willow Ave</i>	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Myocarditis 1 YR.</i>		CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Generalized Arteriosclerosis 10 YRS</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1948</i> to <i>May 8, 1950</i> that I last saw the deceased alive on <i>May 7, 1950</i> and that death occurred at <i>6:40 a.m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Lloyd E. Taylor</i>		23B. ADDRESS <i>3902 Greenmount Rd.</i>		23C. DATE SIGNED <i>May 8, 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 10 50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	
24D. LOCATION (City, town, or county) <i>Balto., Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 9 - 1950</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Henry H. Jenkins, Inc.</i>		24H. ADDRESS <i>4905 York Rd.</i>		VS 150	

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4232

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOROTHY BAKER ODEN

2. DATE OF DEATH

MAY 5/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY BALT.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALT.

12-07

D. STREET ADDRESS (If rural, give location)

2126 MARYLAND AVE.

c. Length of stay in Baltimore

YRS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3 JUNE 1911

9. AGE (In years last birthday)

38

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BOOK-KEEPER

10B. KIND OF BUSINESS OR INDUSTRY

REAL ESTATE

13. FATHER'S NAME

THOMAS ODEN

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

EMMA BAKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

215-09-5460

17. INFORMANT

ADDRESS

MRS. ELIZABETH SETAL

7405 GLEN OAK AVE

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) LAENNET'S CIRROSIS

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1950, to MAY 8, 1950, that I last saw the deceased alive on MAY 8, 1950, and that death occurred at 7⁰⁰ p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. F. Cox 3rd

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-9-50

24C. NAME OF CEMETERY OR CREMATORY

Frostburg

24D. LOCATION (City, town, or county)

Frostburg Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 5 1950

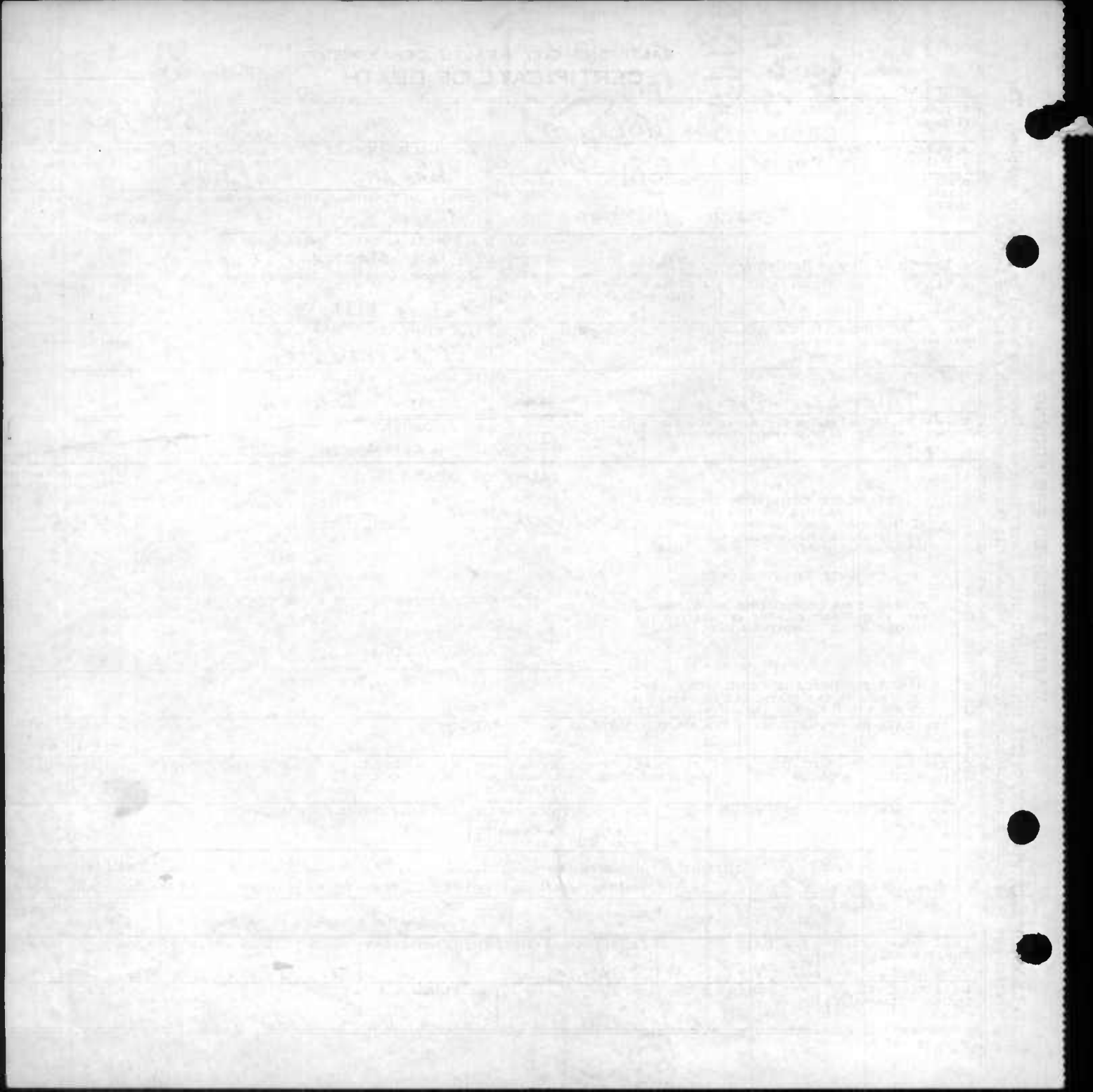
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Mr. Cox, 1217th Paul St.

ADDRESS



MARCIA
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **50 4233**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Marcie Jewell*2. DATE
OF
DEATH*5/8/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*802 Pontiac Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6700

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

*5/8/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

Form No. 1

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. Name of attending physician		12. Address of attending physician	
13. Name of funeral home		14. Address of funeral home		15. Name of undertaker		16. Address of undertaker	
17. Name of cemetery		18. Address of cemetery		19. Name of burial place		20. Address of burial place	
21. Name of church		22. Address of church		23. Name of minister		24. Address of minister	
25. Name of pastor		26. Address of pastor		27. Name of sexton		28. Address of sexton	
29. Name of sexton		30. Address of sexton		31. Name of sexton		32. Address of sexton	
33. Name of sexton		34. Address of sexton		35. Name of sexton		36. Address of sexton	
37. Name of sexton		38. Address of sexton		39. Name of sexton		40. Address of sexton	
41. Name of sexton		42. Address of sexton		43. Name of sexton		44. Address of sexton	
45. Name of sexton		46. Address of sexton		47. Name of sexton		48. Address of sexton	
49. Name of sexton		50. Address of sexton		51. Name of sexton		52. Address of sexton	
53. Name of sexton		54. Address of sexton		55. Name of sexton		56. Address of sexton	
57. Name of sexton		58. Address of sexton		59. Name of sexton		60. Address of sexton	
61. Name of sexton		62. Address of sexton		63. Name of sexton		64. Address of sexton	
65. Name of sexton		66. Address of sexton		67. Name of sexton		68. Address of sexton	
69. Name of sexton		70. Address of sexton		71. Name of sexton		72. Address of sexton	
73. Name of sexton		74. Address of sexton		75. Name of sexton		76. Address of sexton	
77. Name of sexton		78. Address of sexton		79. Name of sexton		80. Address of sexton	
81. Name of sexton		82. Address of sexton		83. Name of sexton		84. Address of sexton	
85. Name of sexton		86. Address of sexton		87. Name of sexton		88. Address of sexton	
89. Name of sexton		90. Address of sexton		91. Name of sexton		92. Address of sexton	
93. Name of sexton		94. Address of sexton		95. Name of sexton		96. Address of sexton	
97. Name of sexton		98. Address of sexton		99. Name of sexton		100. Address of sexton	

EDLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **50 4234**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Elizabeth Frances Edler**2. DATE
OF
DEATH**5-7-50**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**Hospital for Women of Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-42

D. STREET ADDRESS (If rural, give location)

2401 Banger St.

c. Length of stay in Baltimore

57Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 27, 1892

9. AGE (In years last birthday)

57

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Cladgett

14. MOTHER'S MAIDEN NAME

Margaret Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hilda Wolf 2401 Banger St.18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Edema**30 mins.**

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral-Vascular Accident**4 days**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Hypertensive Cerebro-Vascular Disease**7 years**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **5-4**, 19**50**, to **5-7**, 19**50**, that I last saw the deceased alive on **5-7**, 19**50**, and that death occurred at **7 p.** m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Smith, Jr.

23B. ADDRESS

Woman's Hosp. Balto. 17, Md.

23C. DATE SIGNED

5/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

5-10-50

24C. NAME OF CEMETERY OR CREMATOR

Cedar Hill

24D. LOCATION (City, town, or county)

Annapolis Blvd Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 9-1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John F. Henry, Inc 715 Light St.

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

4235

BIRTH NO. 00-03531

1. NAME OF DECEASED
(Type or Print)

FRANK

ZOLLAR Jr

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

B. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

South Baltimore General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

1302 S. Hanover Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 11, 1950

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Zollan

14. MOTHER'S MAIDEN NAME

Ruth Sears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Zollan 1302 S Hanover

18.

4920

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia due to streptococcus

DUE TO salivarius

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute otitis media

DUE TO micrococcus pyogenes val. aureus

(C) Acute interstitial pneumonitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9-1950

Winington Williams, M.D.

Harry B. Nicks

4101 Edmondson

108

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH GEYER

2. DATE
OF
DEATH

MAY 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1805 W. NORTH AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

15-02

D. STREET ADDRESS (If rural, give location)

1805 W. NORTH AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JULY 30, 1887

9. AGE (In years last birthday)

62 63

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

NURSE

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN GEYER

14. MOTHER'S MAIDEN NAME

CHRISTIANITY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS ANNA DOETSCH-7704 CROSSLAND AVE

18.

175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Generalized abdominal carcinomatosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma, ovary, rt.*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

Feb. 13, 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, ovary, rt.

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 10*, 1950, to *May*, 1950, that I last saw the deceased alive on *May 1*, 1950, and that death occurred at *3:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Donald Woodruff

23B. ADDRESS

65 Eager St

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

MAY 11 '50

24C. NAME OF CEMETERY OR CREMATORY

LORETTA PARK

24D. LOCATION (City, town, or county)

(State)

WOODCLAWN MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

HARRY H. WITKIE-4101 CROSSLAND AVE

VS 150

V3692

490 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oda. E. Schueler

2. DATE
OF
DEATH

MAY 7 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived at institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-25-76

9. AGE (in years last birthday)

74

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Econ Home

11. BIRTHPLACE (State or foreign country)

Balso. Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis Coggins

14. MOTHER'S MAIDEN NAME

Wilhelmina Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

carcinoma of bladder

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

6 mos.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10-1950 to 5-7-1950, that I last saw the deceased alive on 5-7-1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence R. Wharton, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 11 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

-2930 Frederick St. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 9 - 1950

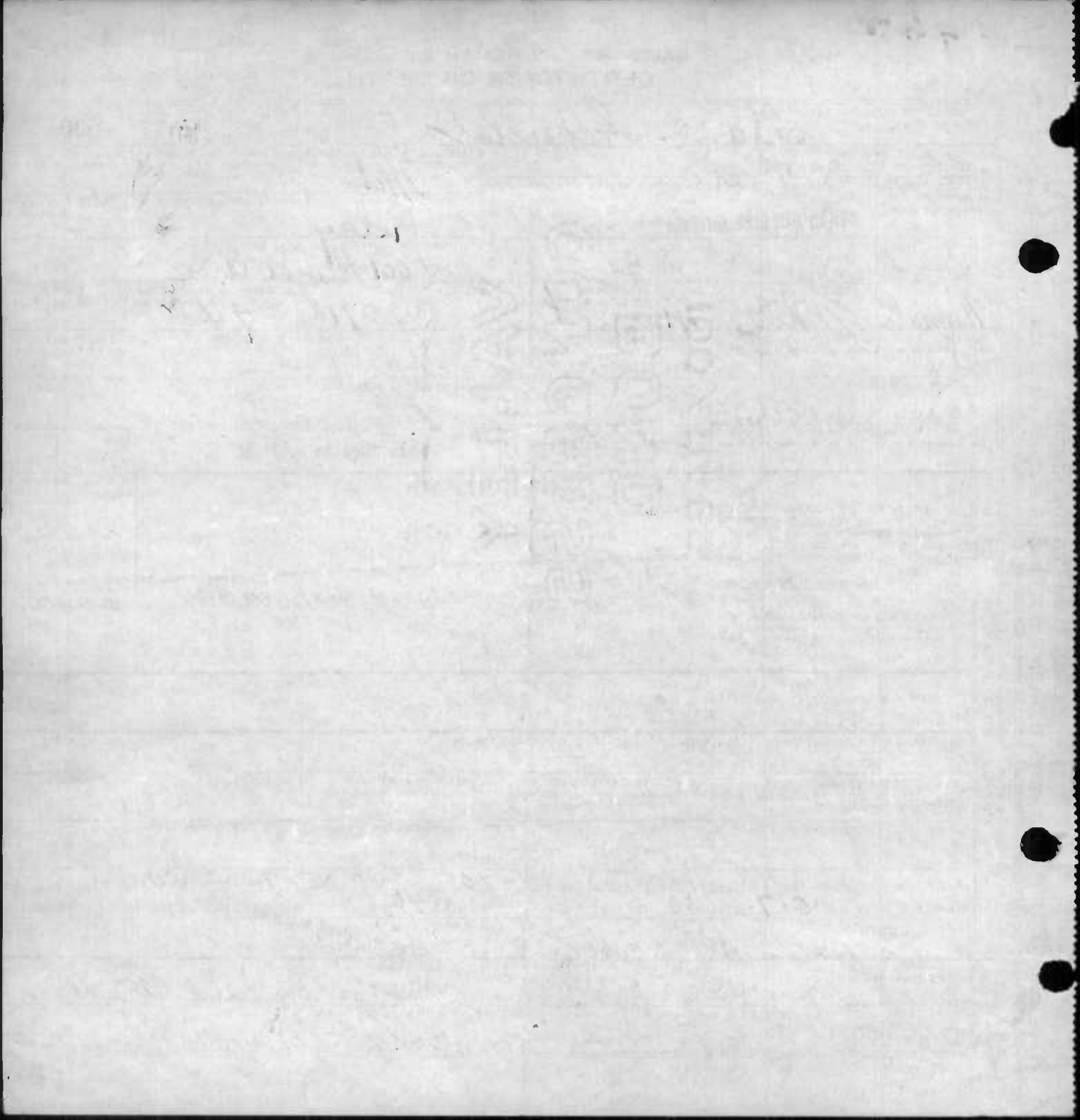
REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

Henry J. Hartzle, 4101 Edmondson Ave.

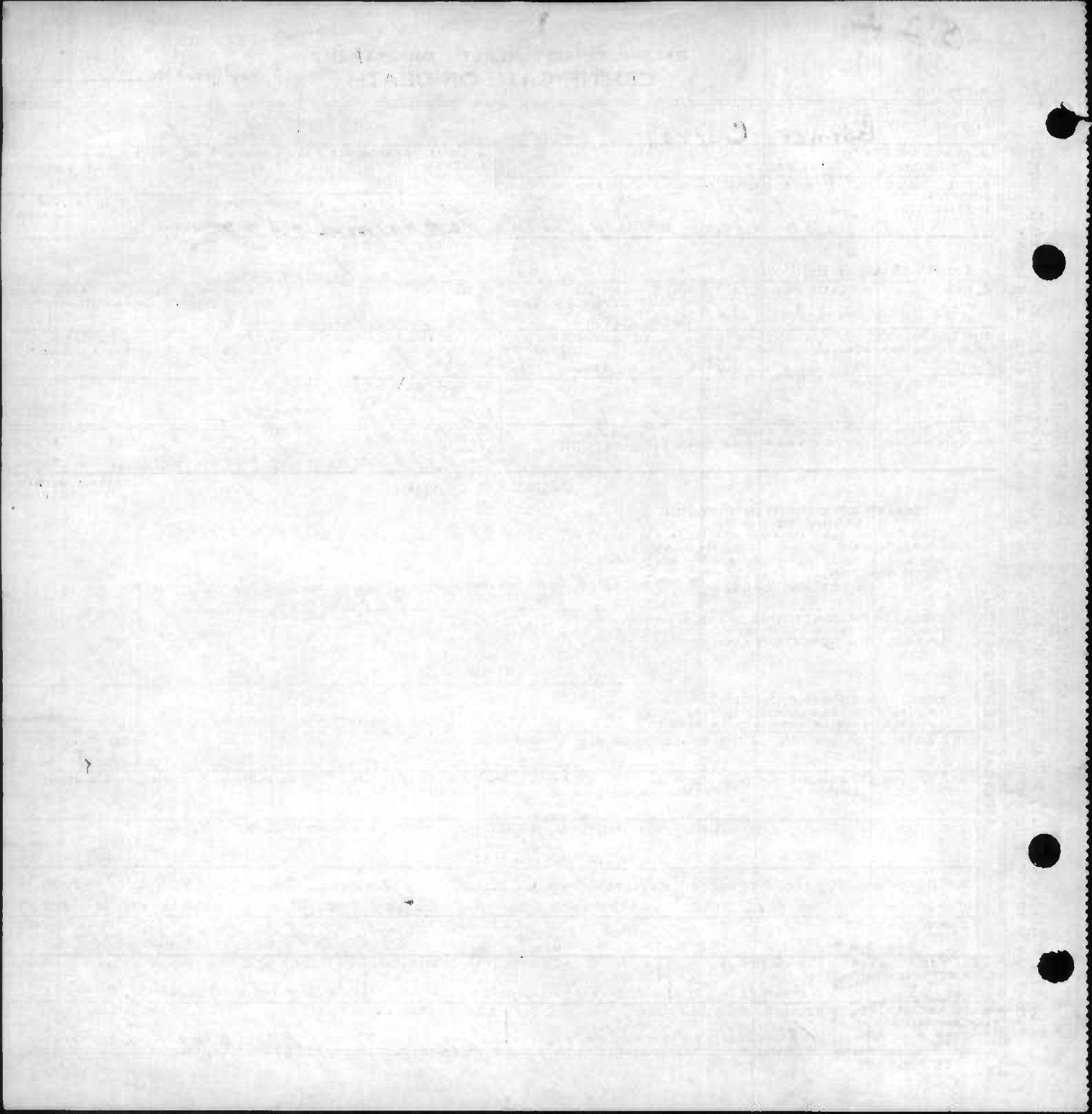
528 Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4238

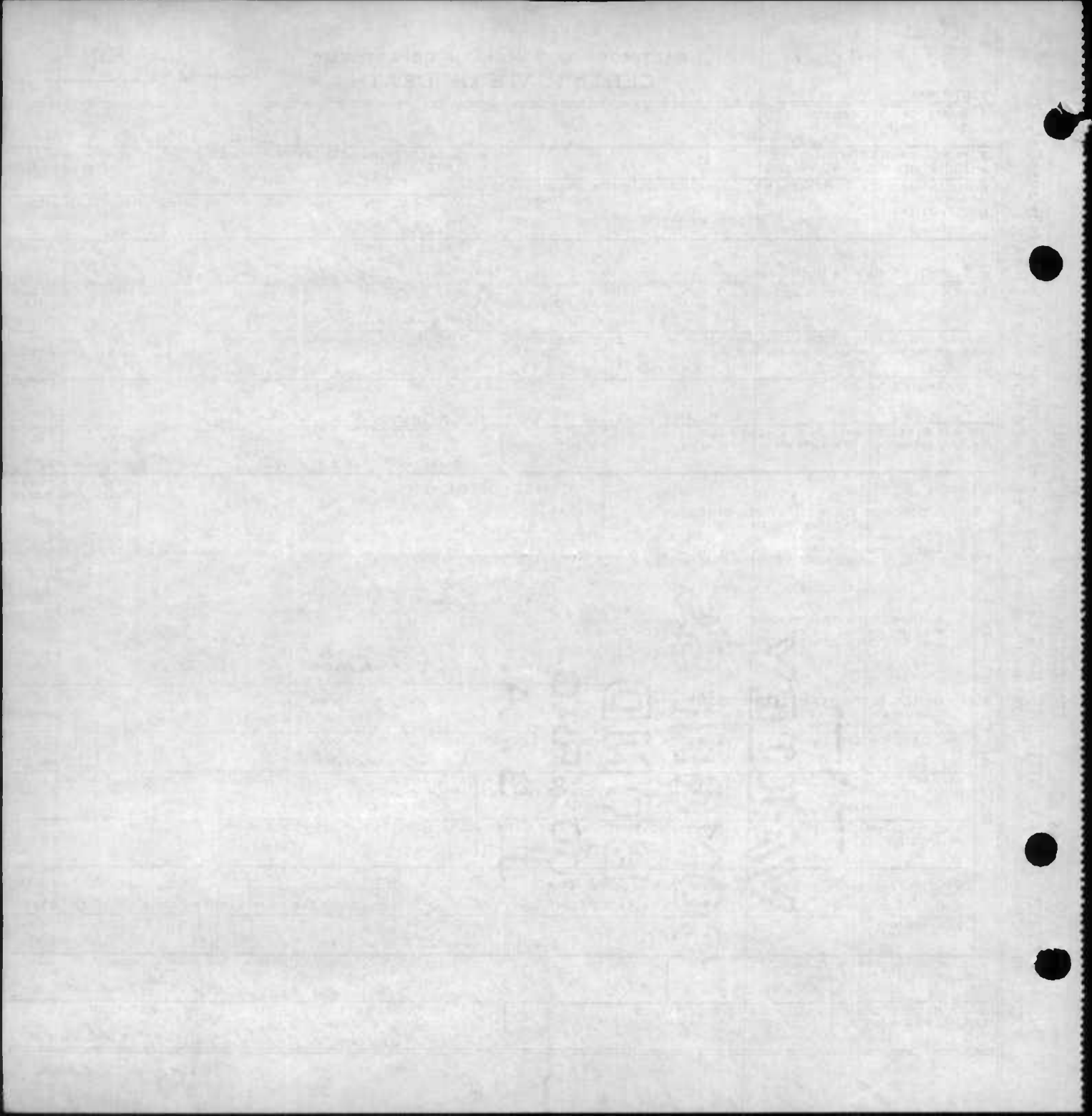
BIRTH NO. 50 4238		1. NAME OF DECEASED (Type or Print) <i>Garner, Carroll Townsley</i>		2. DATE OF DEATH <i>5-7-50</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ind</i> b. COUNTY <i>Adams</i>			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>43 So. Baile. General Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Harrodsdale 5200</i>			
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		d. STREET ADDRESS (If rural, give location) <i>1038 Fitzallen Road</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 22, 1903</i>	9. AGE (In years last birthday) <i>46</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bar Tender</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Sag Tavern</i>		11. BIRTHPLACE (State or foreign country) <i>Ind</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John A. Garner</i>		14. MOTHER'S MAIDEN NAME <i>Carrie Fogle</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Richetta Garner Harrodsdale</i>	
18. <i>581.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>BLEEDING ESOPHAGEAL VARICES</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B) <i>PORTAL CIRRHOSIS</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <i>2</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/4</i> , 19 <i>50</i> , to <i>5/7</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5/7</i> , 19 <i>50</i> , and that death occurred at <i>5:00</i> A.M., from the causes and on the date stated above.					
23a. SIGNATURE <i>Samuel P. Scalin</i> M. O.		23b. ADDRESS <i>1213 Light Street</i>		23c. DATE SIGNED <i>5/7/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 10/50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24d. LOCATION (City, town, or county) (State) <i>Woodlawn, Ind.</i>		25. FUNERAL DIRECTOR <i>Harry F. Linde</i>		ADDRESS <i>4101 Edmondson</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 9 - 1950</i>		REGISTRAR'S SIGNATURE <i>Christington Williams, M.D.</i>			



DOWNS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50 4239	
1. NAME OF DECEASED (Type or Print) W. Harry Downs	
2. DATE OF DEATH 7 May 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 16-06	
D. STREET ADDRESS (If rural, give location) 2720 Edmondson Ave	
c. Length of stay in Baltimore Life -	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 3, 1878	
9. AGE (In years last birthday) 71	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Cutter	
11. KIND OF BUSINESS OR INDUSTRY H. Jacob Brothers	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jessie	
14. MOTHER'S MAIDEN NAME Blonnie Wall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Mrs. Rose Blonnie, 2720 Edmondson Ave	
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) Uremia -	
DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B) Pyelonephritis	
DUE TO	
(C) Uretero. Sign's Anomalous for Bladder	
INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
19A. DATE OF OPERATION April 1950	
19B. MAJOR FINDINGS OF OPERATION Ca of bladder	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 4 May , 1950, to 7 May , 1950, that I last saw the deceased alive on 7 May , 1950, and that death occurred at 6:35 p.m. , from the causes and on the date stated above.	
23A. SIGNATURE L. W. Scherdis M.D.	
23B. ADDRESS Sinai Hospital - Balto. MD.	
23C. DATE SIGNED 7 May 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE May 10/50	
24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24D. LOCATION (City, town, or county) (State) 2930 Frederick Rd. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1950	
REGISTRAR'S SIGNATURE Wm. Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS Harry H. Hinkle, 4101 Edmondson Ave.	



CERTIFICATE CORRECTED 5-12-50

50 4240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4240
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Florence Hall

2. DATE
OF DEATH

May 7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

111 N. Kossuth St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

20-07

D. STREET ADDRESS (If rural, give location)

111 N. Kossuth St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 25, 1900

9. AGE (in years)

50

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Parrott

14. MOTHER'S MAIDEN NAME

Mollie Barwick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Susie Sparrow, 111 N. Kossuth st

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Bronchopneumonia

3 + yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15 1949 to 5/7 1950, that I last saw the deceased alive on 5/6 1950, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

3629 Edmondson Ave

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 10/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

St. Michaels, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Harry A. [Signature] 4101 Edmondson Ave

VALLEY
CONCRETE
CORPORATION
1000 1/2 HAV
C

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4241

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Bayer. 369355

2. DATE
OF DEATH

MAY 8 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middle River,

D. STREET ADDRESS (If rural, give location)

701 Sterling Ave. 5300

c. Length of stay in Baltimore

48 yrs

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-28-99

9. AGE (in years last birthday)

50

10. Under 1 Year

11. Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR INDUSTRY

Helm P. Martin Co

11. BIRTHPLACE (State or foreign country)

Ludwig Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Otto Bayer

14. MOTHER'S MAIDEN NAME

Ottillie Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-01-3067

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

GLIOBLASTOMA, LEFT

DUE TO

FRONTAL LOBE

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

MAR. 15, 1950

19B. MAJOR FINDINGS OF OPERATION

GLIOBLASTOMA

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6-1950 to 5-8-1950 that I last saw the deceased alive on 5-8-1950, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Green

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-11-1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Eastern Ave. - Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 9 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John P. Melby, Inc.

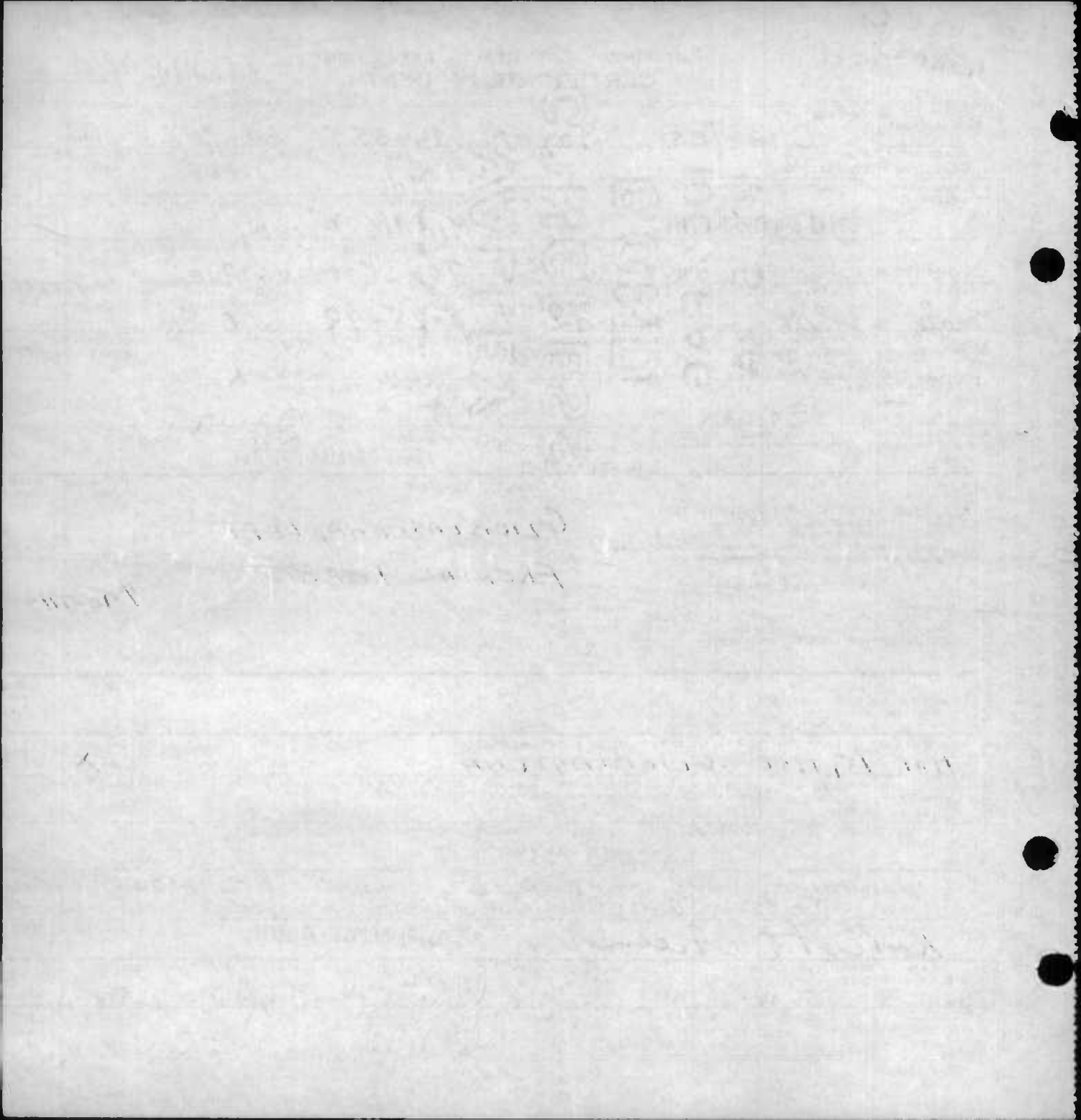
ADDRESS

2435 E. Oliver St

VS 150

36238

54a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4242

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

THOMAS BYRD

2. DATE
OF
DEATH

5-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland **608 Cumberland**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

608 Cumberland St

c. Length of stay in Baltimore

56

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1892

9. AGE (in years last birthday)

57

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR INDUSTRY

Rug

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Byrd

14. MOTHER'S MAIDEN NAME

Jennie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Virginia Washington 608 Cumberland

ADDRESS

18. **002X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **C. preliminary Tuberculosis**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

one year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-3-**, 19**50** to **5-3-**, 19**50** that I last saw the deceased alive on **5-3-**, 19**50** and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. D.

23B. ADDRESS

639 N. Carey St

23C. DATE SIGNED

5-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

May 9-1950 Mt Calvary

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 9-1950

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

W. E. Brooks

ADDRESS

14637 Carey St

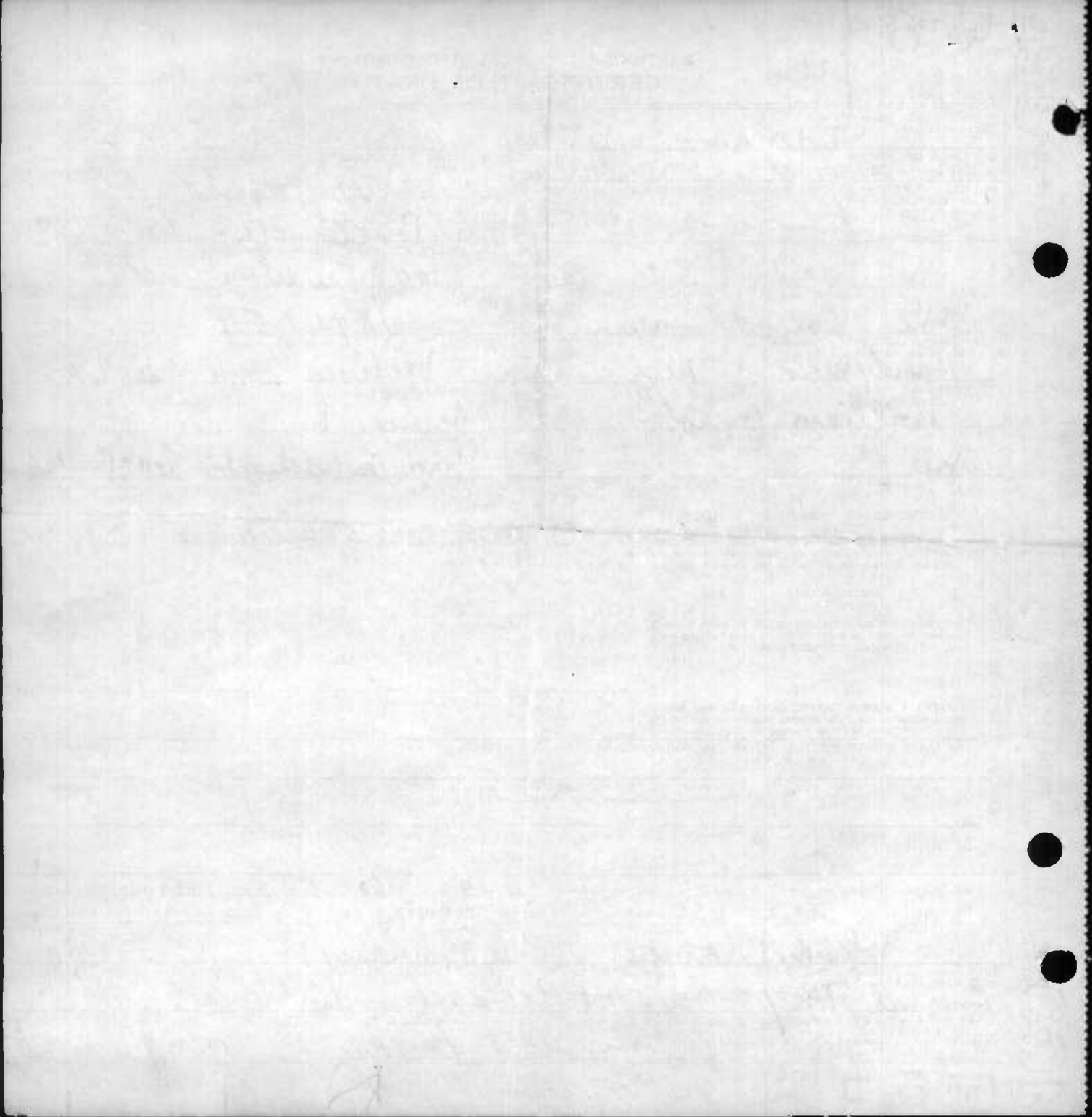
VS 150

49667

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4243

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andres, Annie C.

2. DATE
OF
DEATH

5/7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

So. Balto. Gen Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

c. Length of stay in Baltimore

45 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

750 W. Lexington St.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7/4/1890

9. AGE (In years,
last birthday)

39

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sailor

10B. KIND OF BUSINESS OR
INDUSTRYJ. Jidulis
Sailing Co

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vincent Skirpstas

14. MOTHER'S MAIDEN NAME

Elizabeth Veritis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James A. Andres 750 W. Lexington St.

18. 5810

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Portal Cirrhosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hepatorenal Syndrome

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

5 days

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

4/21/50

19B. MAJOR FINDINGS OF OPERATION

Portal Cirrhosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1950, to 5/7, 1950, that I last saw the
deceased alive on 5/7, 1950, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elen G. Ball

M. D.

23B. ADDRESS

5864

23C. DATE SIGNED

5/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

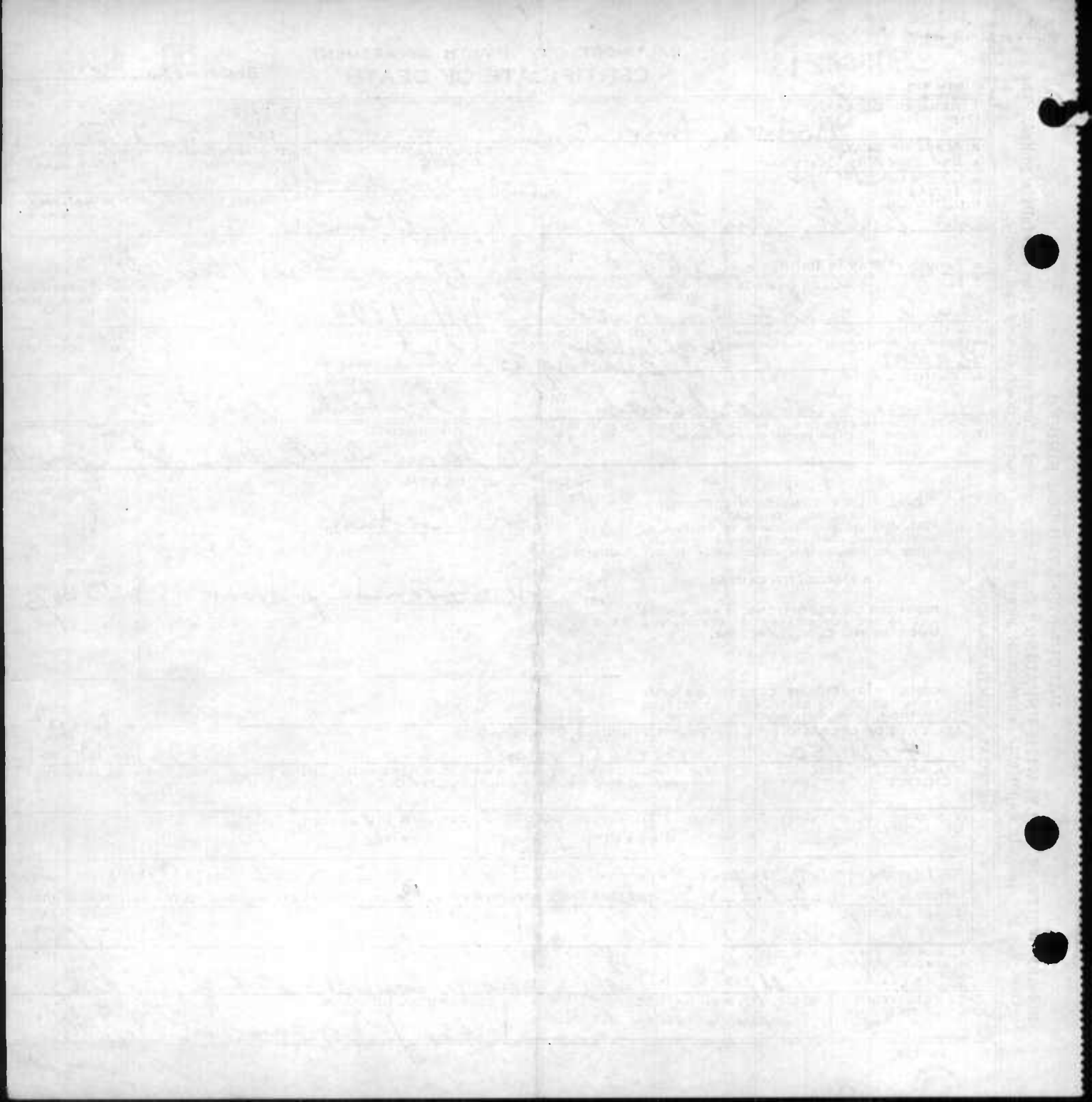
Thurston Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan, Son Hollins

ADDRESS

124B St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4244

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)LENA QUICK2. DATE
OF
DEATHMay 6th, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION00 2235 E. Oliver StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-04

D. STREET ADDRESS (If rural, give location)

2235 E. Oliver Street

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)widowed

8. DATE OF BIRTH

Jan. 11th, 18859. AGE (In years
last birthday)65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)housewife10B. KIND OF BUSINESS OR
INDUSTRYown home

11. BIRTHPLACE (State or foreign country)

Germany12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

John Kautsch

14. MOTHER'S MAIDEN NAME

Kunigunda Leicht15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Miss Dorothea Quick, 2235 E. Oliver St.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute coronary occlusion, recurrent

DUE TO

app. 12 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) arteriosclerosis

DUE TO

unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 May, 1950, to 6 May, 1950, that I last saw the
deceased alive on 6 May, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Williams

23B. ADDRESS

1513 N. Milton Ave

23C. DATE SIGNED

6 May 5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)burial

24B. DATE

May 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lassus Funeral Home 7401 Belair Rd.

CERTIFICATE OF DEATH

NAME

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

DATE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF ENTRY

AGE

SEX

NAME OF INTERVIEWER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-453
50 4245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4245

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Leland

2. DATE

OF DEATH May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 806 E. Preston St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Baltimore Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

806 E. Preston St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 24 1868

9. AGE (in years, last birthday)

81

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Watkins Glen, N. Y

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Patrick Sullivan

14. MOTHER'S MAIDEN NAME

Johanna Drury

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Patrick Leland 806 E. Preston St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 yrs.

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

(Specimen)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? If in Baltimore City, give exact location

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1948, to May 7, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May, 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1950

William H. Williams, M.D.

Rita Wiedefeld, 900 E. Biddle St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4246

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET L. MAC LEARY			2. DATE OF DEATH May 6, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 919 N. Collington Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-03		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 919 N. Collington Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 8, 1887	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10B. KIND OF BUSINESS OR INDUSTRY Glenn L. Martin Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Wick			14. MOTHER'S MAIDEN NAME Barbara Nagel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-09-2954	17. INFORMANT ADDRESS Edw. MacLeary - son - 919 N. Collington Ave		

18. 174X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Arenia Priming

INTERVAL BETWEEN ONSET AND DEATH

4/29/50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, LAST.

(B) DUE TO

Ca of uterus, adenoma

4/46

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 19, 1950, to 5/6, 1950, that I last saw the deceased alive on 5/6, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.					
23A. SIGNATURE W. H. K. in		23B. ADDRESS 4331 Harbor Rd		23C. DATE SIGNED 5/6/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 10, 1950		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4247
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATILDA E. DLOCK

2. DATE
OF
DEATH

MAY 7 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SOUTH BALTO GENERAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO-PASADENA Md.

O. STREET ADDRESS (If rural, give location)

WATER OAK POINT

C. Length of stay in Baltimore

30 yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC. 22 - 1899

9. AGE (In years last birthday)

50 yrs.

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Press-Puncher

10B. KIND OF BUSINESS OR INDUSTRY

GLEN L. MARTIN CO.

11. BIRTHPLACE (State or foreign country)

WEEMS-VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

WEEMS-VIRGINIA

13. FATHER'S NAME

CHARLES C. Ashburn

14. MOTHER'S MAIDEN NAME

ANNIE M. Ashburn Sadler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

WILSON D. DLOCK

18. ESR 4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Multiple fractures (ribs, legs, left hip)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

A. A. Co.

21D. TIME (Month) (Day) (Year) (Hour)

May 7, 1950 2:10

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by motorcycle

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McCafferty

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 9 - 1950

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

Ritchie Highway-Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 9 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

KRAUSE FUNERAL HOME 170 D

ADDRESS

VS 151

N-828

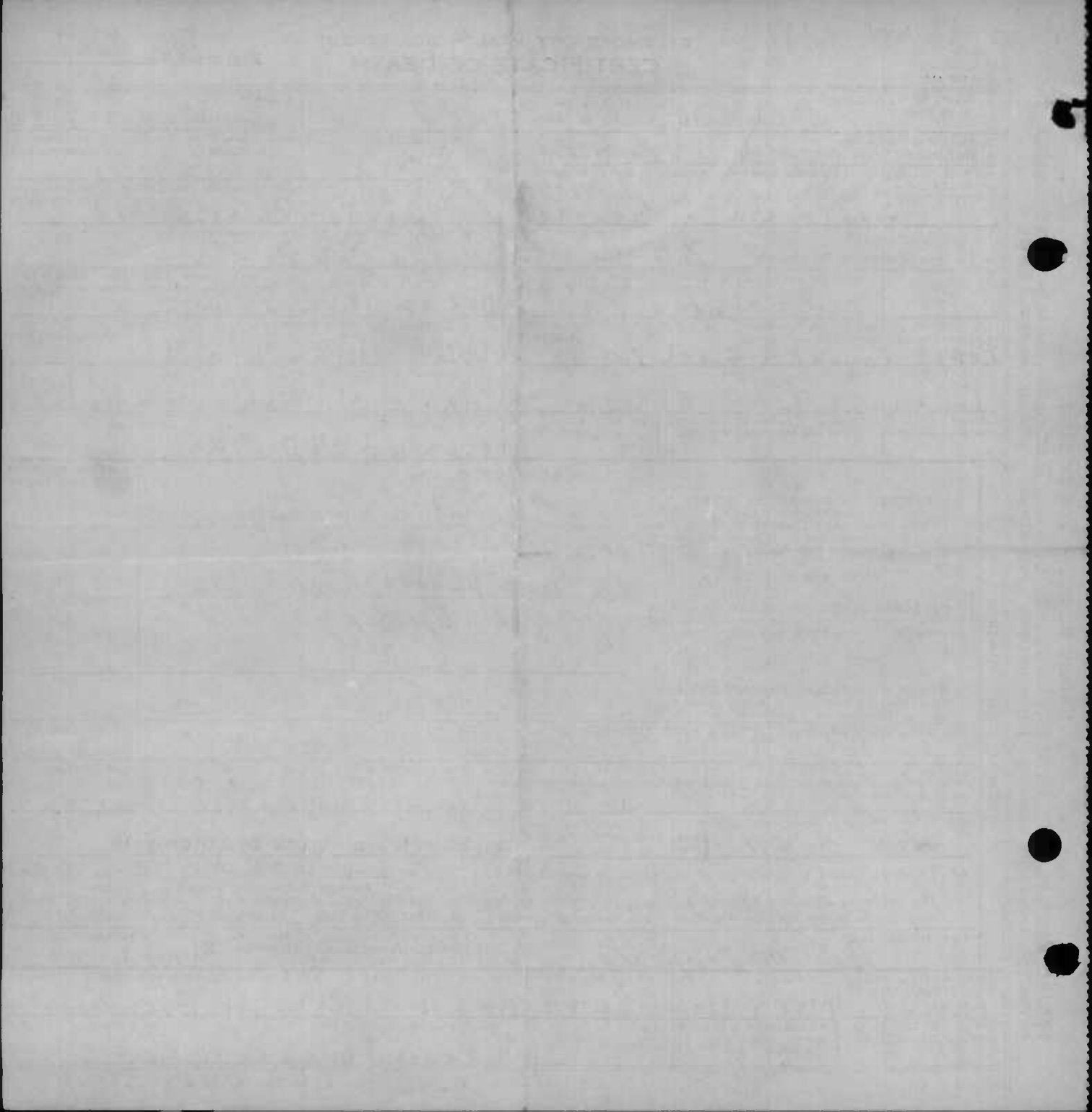
496 38

1216 S. CHARLES ST. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Green

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1307 Booth St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1307 Booth St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 4, 1876

9. AGE (in year-
last birthday)

73

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Green

14. MOTHER'S MAIDEN NAME

? Rozier

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mary Chase 837 N. Fremont. Av.

18.

421.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic valvular disease
of heart

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19, 1950 to 5-7-1950 that I last saw the
deceased alive on 5-7-1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. D.

23B. ADDRESS

639 N. Carey St

23C. DATE SIGNED

5-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mr. Thomas A. Hensley W. Biddle, Jr.

THE UNIVERSITY OF CHICAGO
PRESS

THE UNIVERSITY OF CHICAGO

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THE UNIVERSITY OF CHICAGO

M-320

50 4249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4249

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MEADOWS, Mrs Mary B.

2. DATE
OF
DEATH

8 May 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Church Home + Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-01

c. Length of stay in Baltimore

65

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4008 Chesmont Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3 Aug 84

9. AGE (In years
last birthday)

65

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Chas W. Mitchell

14. MOTHER'S MAIDEN NAME

Amelia Maabee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Self

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Chronic Myocarditis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Incisional Hernia

19A. DATE OF OPERATION

8 May 50

19B. MAJOR FINDINGS OF OPERATION

Incisional Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 May, 1950, to 8 May, 1950, that I last saw the
deceased alive on 8 May, 1950, and that death occurred at 3:55 pm., from the causes and on the date stated above.

23A. SIGNATURE

Richard M. Garrett

M. D.

23B. ADDRESS

Church Home + Hosp

23C. DATE SIGNED

8 May 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

1 Meadowridge

24D. LOCATION (City, town, or county) (State)

Howard Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

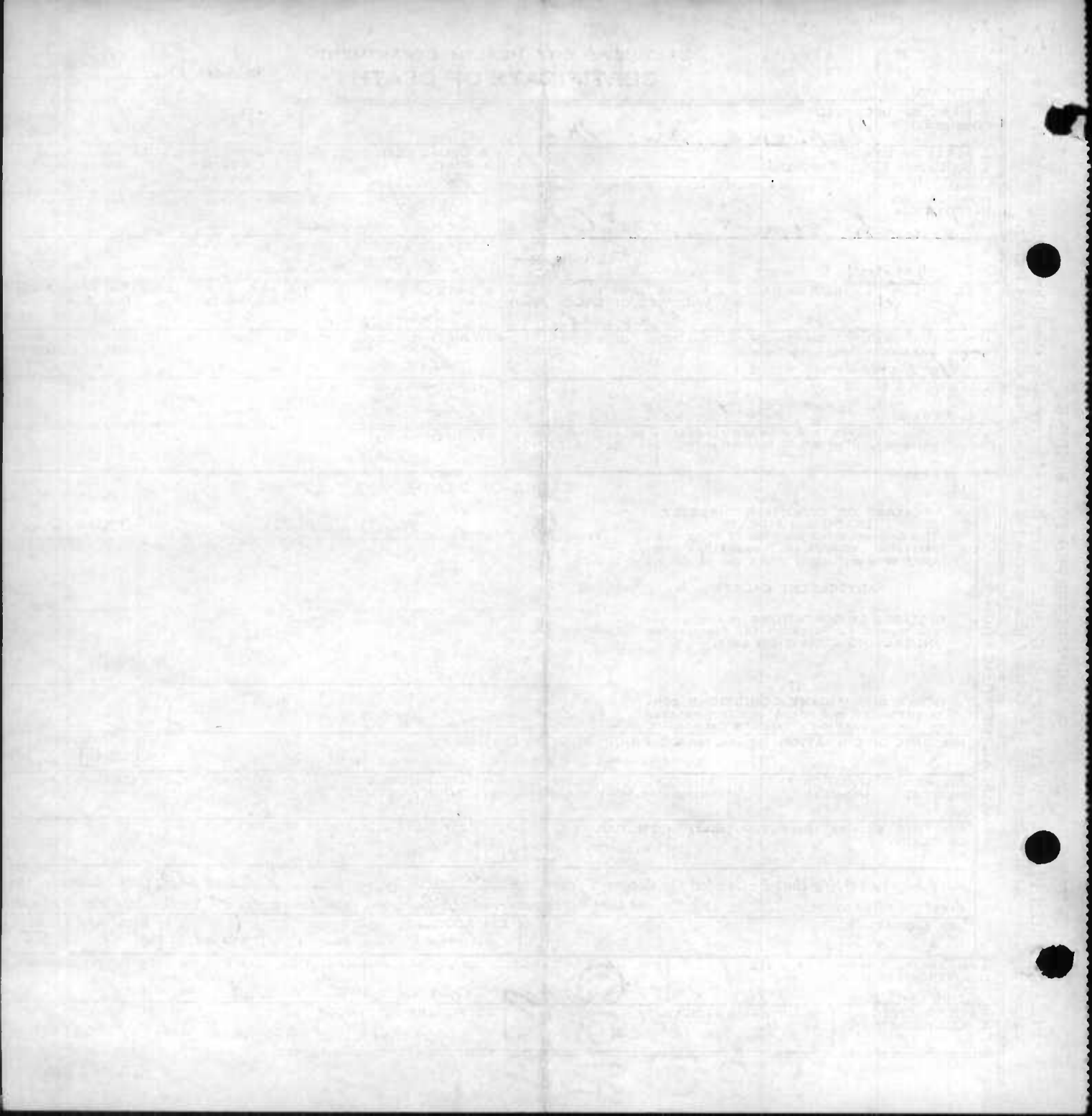
Wm. J. Pickens & Sons, Balto

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4250**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DANIEL

CHASE

2. DATE
OF
DEATH

May 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1216 St. James Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 9 1897

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Editorial laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes (World War I)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florence McCay 1028 Stealing St

18. 377.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. P. Columbus

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
5-5-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

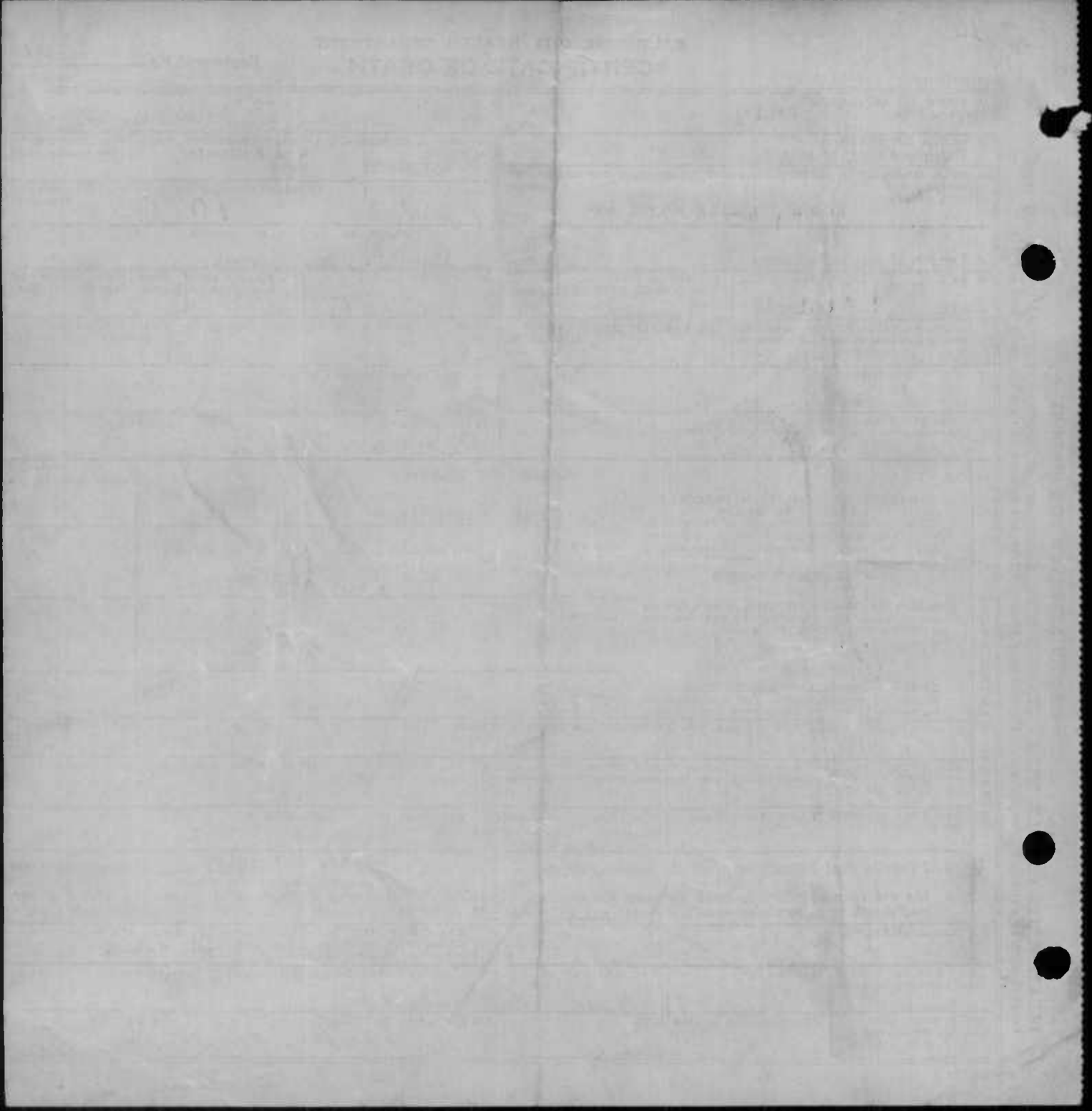
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



Underkoffler

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4251BIRTH NO. 50 4251 49-21305

1. NAME OF DECEASED (Type or Print) <u>Craig Lee Underkoffler</u>			2. DATE OF DEATH <u>5-8-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>37 Mercy Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. 13-08</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>3908 Fall Road</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 4, 1949</u>	9. AGE (In years last birthday) <u>7</u>	10. Under 1 Year Months: Days <u>7 4</u>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <u>Child</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>C. William Underkoffler</u>			14. MOTHER'S MAIDEN NAME <u>B. Margaret Thomas</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknowns) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT ADDRESS <u>William Underkoffler Same</u>		

18. <u>744.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bilateral Bronchopneumonia</u> DUE TO (A) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Since Birth</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Amymyotonia Congenita</u> DUE TO (B) _____				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____				
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5/7/50</u> , 19 <u>50</u> , to <u>5/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/8</u> , 19 <u>50</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Ann Bonnell</u>		23B. ADDRESS <u>Mercy Hospital</u>		23C. DATE SIGNED <u>5/8/50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>May 11-1950</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Co. Maryland</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 9 - 1950</u>	REGISTRAR'S SIGNATURE <u>Walterton Williams, M.D.</u>	25. FUNERAL DIRECTOR ADDRESS <u>Burgee Funeral Home 3631 Falls Road</u>		

CERTIFICATE OF DEATH

DECEASED

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of Board of Health

Signature of City Clerk

Signature of Mayor

Signature of Governor

Signature of President

Signature of Vice President

Signature of Speaker of House

Signature of Senate President

Signature of Chief Justice

Signature of Associate Justice

Signature of Chief of Police

Signature of Sheriff

Signature of District Attorney

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

Signature of County Clerk

Signature of County Treasurer

Signature of County Engineer

Signature of County Surveyor

Signature of County Assessor

Signature of County Auditor

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4252

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Adams

2. DATE
OF
DEATH

May 8-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1921 Round Hill ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bacto

14-03

C. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1921 Round Hill ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female

Colored

Widowed

Feb. 27-1881

69.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

run

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel Holland

14. MOTHER'S MAIDEN NAME

17. INFORMANT

James Adams 1921 Round Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

18.

441X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malignant Hypertension

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Hypertrophy

DUE TO

3 mks

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Thompson Pulver

M. D.

23B. ADDRESS

1343 Penna. Ave

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 11-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 9-1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

James Adams

ADDRESS

638 N. 9th St

Report of the
Commissioner of Agriculture
for the year 1907
The following is a list of the
principal crops raised in
this State in 1907:
Wheat, Corn, Oats, Rye,
Barley, Potatoes, Apples,
Pears, Peaches, Plums,
Cherries, Small Fruits,
Vegetables, etc.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4253
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

DESCH, JR.

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1618 N. Durham Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 11, 1916

9. AGE (In years
last birthday)

33

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

LABORER ICE TRUCK

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank J. Desch Sr.

14. MOTHER'S MAIDEN NAME

Irene Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank J. Desch Sr. 1618 N. Durham St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Fatty degeneration of liver

(A)
DUE TO chronic alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunlacker M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 9 - 1950

Washington Williams

Blumens F. Hoffman

1639 Broadway

CERTIFICATE OF DEATH

THE STATE OF NEW YORK

IN SENATE

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4254

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH JAMES FARRELL

2. DATE
OF
DEATH

5-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4113 Massachusetts Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4113 Massachusetts

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 27, 1871

9. AGE (in years
last birthday)

77

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Cemetery

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James T. Farrell

14. MOTHER'S MAIDEN NAME

Johanna Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Agnes T. Farrell. 4113 Massachusetts

18.

4201
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Occlusion

DUE TO

(B) Cardio Vascular Disease
C. Hypertension

DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

July 1949

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 49 to 5/7, 1950, that I last saw the
deceased alive on 6/6, 1950, and that death occurred at 6:02 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Eliot W. Johnson

M. D.

23B. ADDRESS

3432 Frederick Ave

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-10-50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 9-1950

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

George R. Foley 2440 Broadway St.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VALLEY
CONGRES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4255

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LILLIAN G. TONROE			2. DATE OF DEATH 5-8-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2317 Frederick Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 20-05		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2317 Frederick Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1879	9. AGE (in years last birthday) 71	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Self.	11. BIRTHPLACE (State or foreign country) Ind.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME John A. Tolley			14. MOTHER'S MAIDEN NAME Mathilda Garg.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs. Robert C. Robinson - 416 W. 1st St. A.		

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Cardio Vascular Disease DUE TO Hypertension (C) _____	INTERVAL BETWEEN ONSET AND DEATH 1 hour 4/50/45
--	---	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from 4:20 , 19 50 , to 6:18 , 19 50 , that I last saw the deceased alive on 3/8 , 19 50 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.				
22A. SIGNATURE Eliot W. Johnson	M. D.	23B. ADDRESS 3432 Frederick Ave	23C. DATE SIGNED 8/9/50	

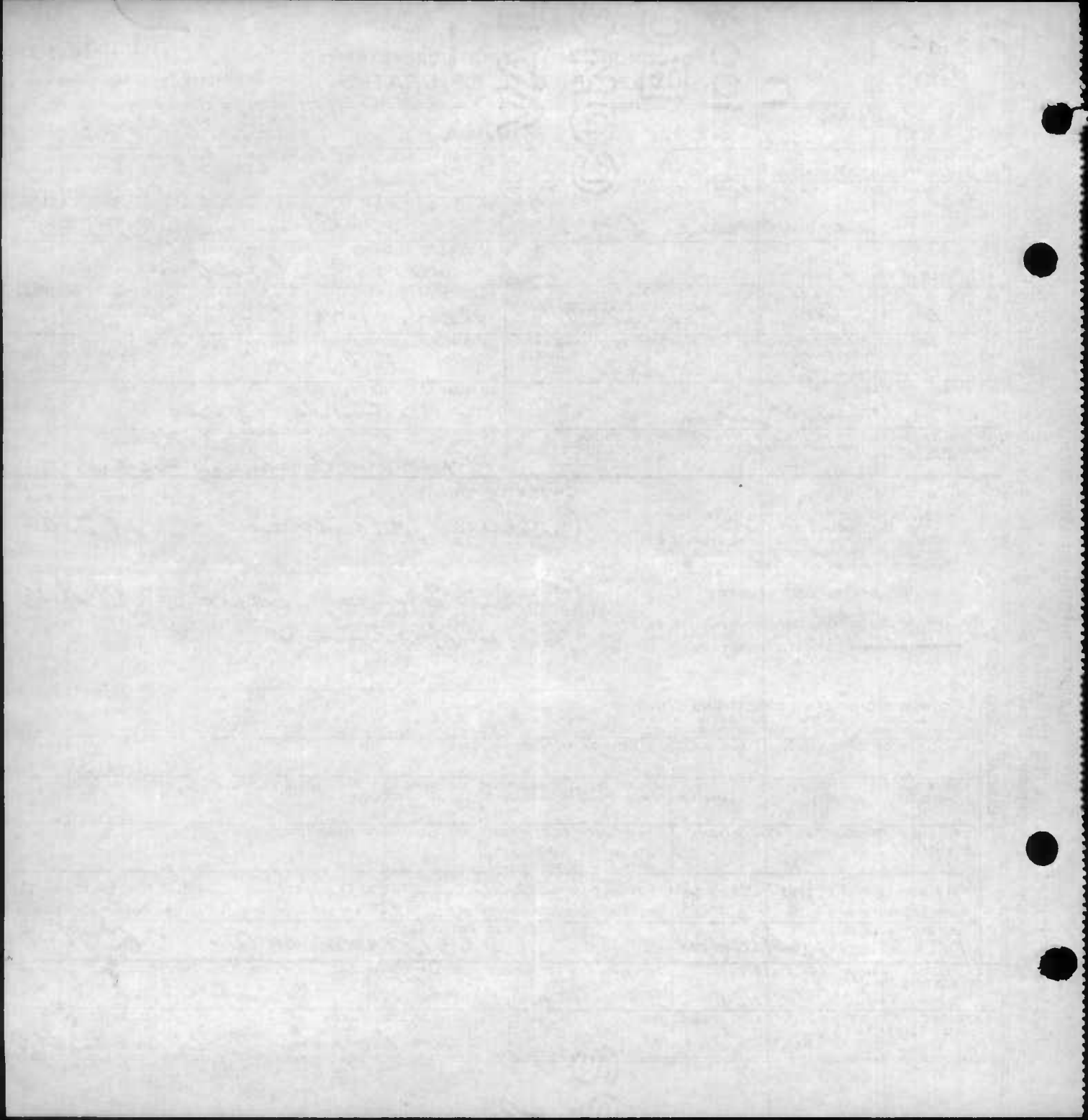
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-11-50	24C. NAME OF CEMETERY OR CREMATORY Landon Park	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1950		REGISTRAR'S SIGNATURE Christington Williams	25. FUNERAL DIRECTOR ADDRESS George A. Farley - Fulton Ave & Fayette St.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



S-340 4256

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-15-50

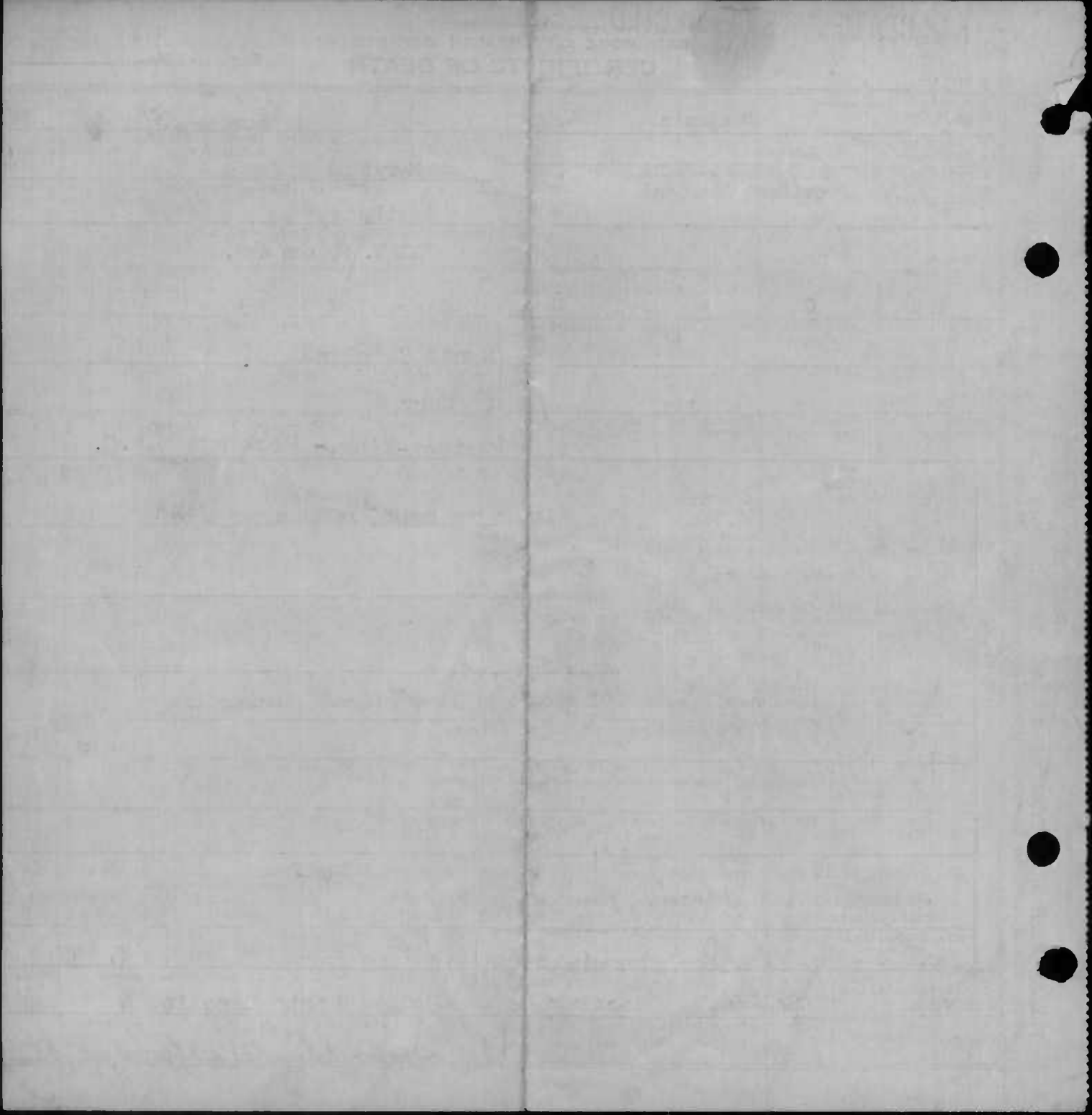
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 4256
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Benjamin STELLEY		2. DATE OF DEATH May 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 811 N. Fulton Ave.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH * 6-10-1922	9. AGE (In years last birthday) 28-27	10. Under 1 Year Months: Days 10 28
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10B. KIND OF BUSINESS OR INDUSTRY Marnett Beef Market		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME Benjamin Stelley, Sr.		14. MOTHER'S MAIDEN NAME Mary Ellerbe			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes War #11		16. SOCIAL SECURITY NO.		17. INFORMANT Funeral Home Watson-King, Rockingham, N.C. ✓	

18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Lobar pneumonia, left upper lobe		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Cirrhosis of liver, Chronic alcoholism			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley N. Duncanson M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 8, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 5/8/1950		24C. NAME OF CEMETERY OR CREMATORY Rockingham	
24D. LOCATION (City, town, or county) North Carolina		24E. LOCATION (State)			
DATE RECEIVED BY LOCAL REGISTRAR MAY 9 - 1950		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR 108-2W ADDRESS J. S. Brown & Son Montgomery St 108 ✓	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4257
Registered No.

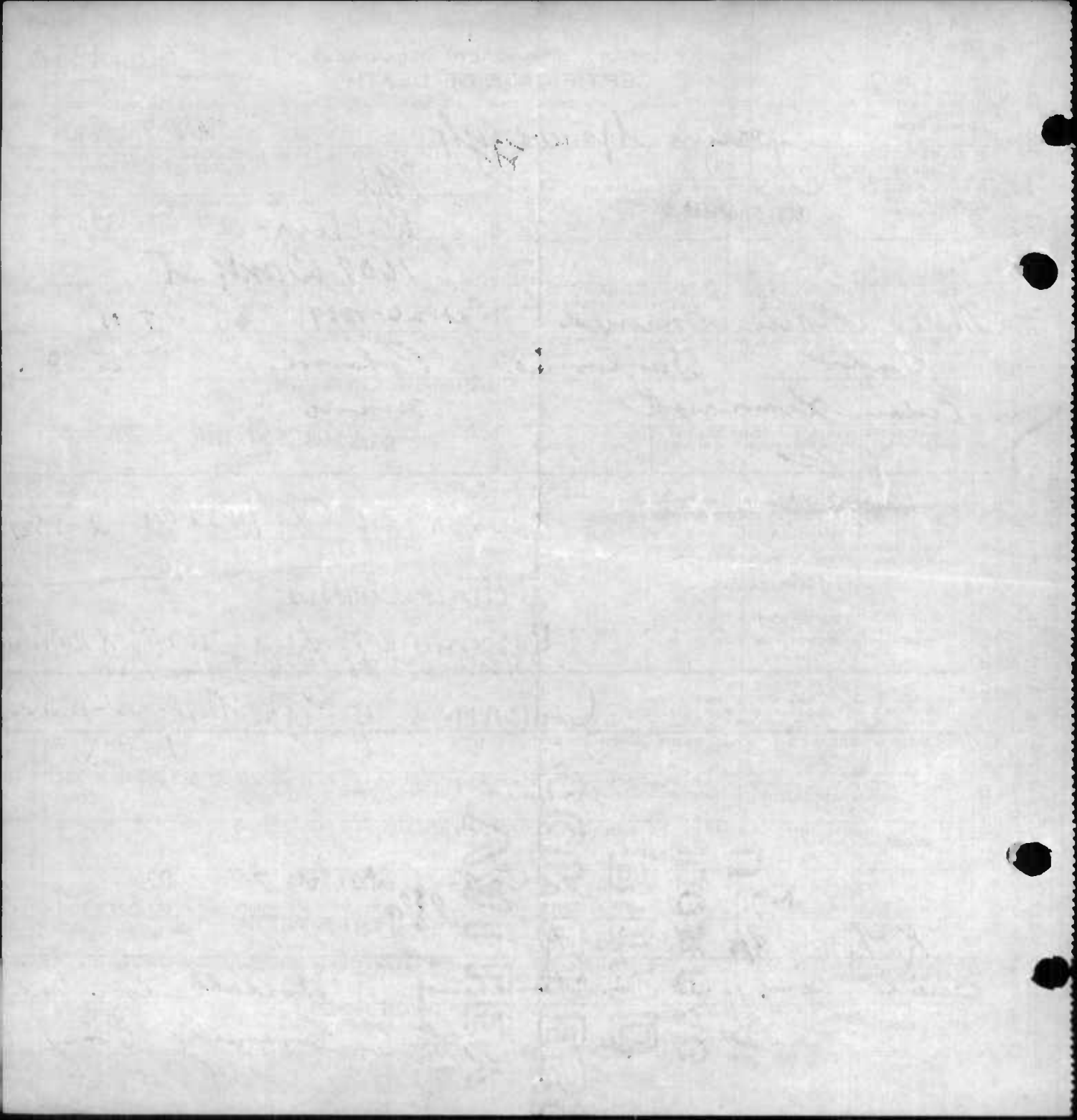
BIRTH NO. 50 4257

1. NAME OF DECEASED (Type or Print) <i>Joseph Krawczyk</i>			2. DATE OF DEATH <i>MAY 7 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN <i>Baltimore</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1609 Bank St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 26-1889</i>	9. AGE (in years last birthday) <i>60</i>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Taylor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Taylor Inc.</i>		
11. BIRTHPLACE (State or foreign country) <i>Poland</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		
13. FATHER'S NAME <i>Cedam Krawczyk</i>			14. MOTHER'S MAIDEN NAME <i>Mary ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>162 x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CORONARY Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2-3 hrs.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>			DUE TO <i>Carcinoma of lung with extension to heart</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of Right lung</i>			DUE TO <i>8-10 mos.</i>		
19A. DATE OF OPERATION <i>5-7-1950</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-7-1950</i> to <i>5-7-1950</i> , that I last saw the deceased alive on <i>5-7-1950</i> , and that death occurred at <i>9:30 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Katherine H. Borovich</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 10-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	
24D. LOCATION (City, town, or county) (State) <i>Shundalk Ave. Md.</i>		25. FUNERAL DIRECTOR <i>John J. Connelly</i>		ADDRESS <i>Coney</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 5-10-50

MS--136473

50 4258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4258

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JOHN Frank Hardesty

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RURAL--Woodlawn

5200

D. STREET ADDRESS (If rural, give location)

8240 Ridge Rd. Woodlawn--Baltimore Co.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1887

9. AGE (In years last birthday)

(61-) 62

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Boiler Room

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hardesty

14. MOTHER'S MAIDEN NAME

Annie Addison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Baltimore City Hospitals
Records* 4040 Eastern Ave.

ADDRESS

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Lung

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-10-1950 to 5-7-1950, that I last saw the deceased alive on 5-7-1950, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Crozer

M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-8-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTAR

REGISTRAR'S SIGNATURE

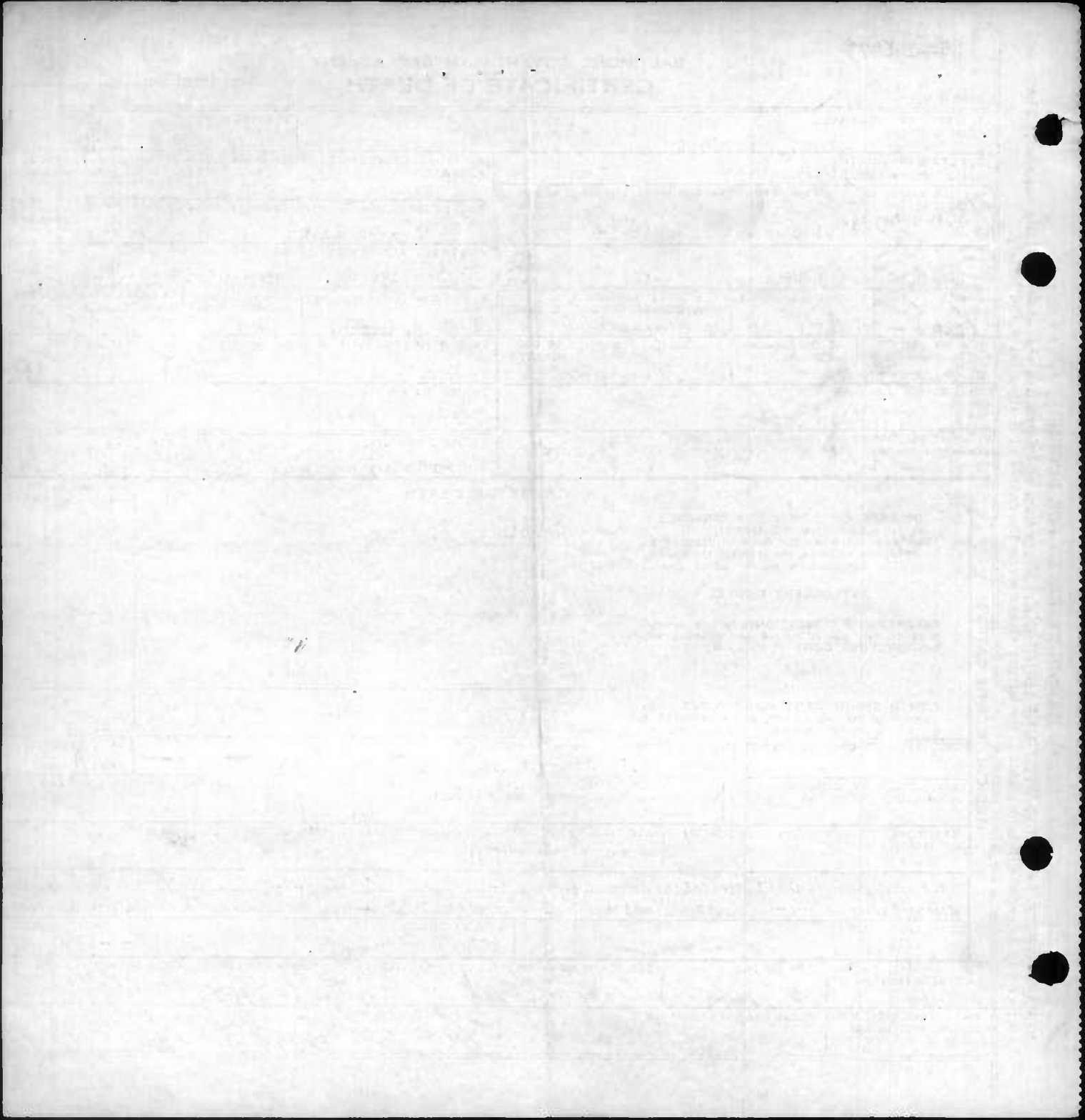
25. FUNERAL DIRECTOR

ADDRESS

MAY 10 1950

Huntington Williams, M.D.

1254 St Paul St



CERTIFICATE CORRECTED

5-10-50

50

4259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Kolb Coles

2. DATE
OF
DEATH

5/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-07

D. STREET ADDRESS (If rural, give location)

2011 E. Hoffman St

c. Length of stay in Baltimore

56 Yrs. Mos. Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-19-1895 55 56

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Bellers

14. MOTHER'S MAIDEN NAME

Mary Fogarty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Richard Coles husband as above

18.

581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hepatorenal failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

haennec's cirrhosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Anasarca

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-17, 1950 to 5-8, 1950, that I last saw the deceased alive on 5-8, 1950 and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

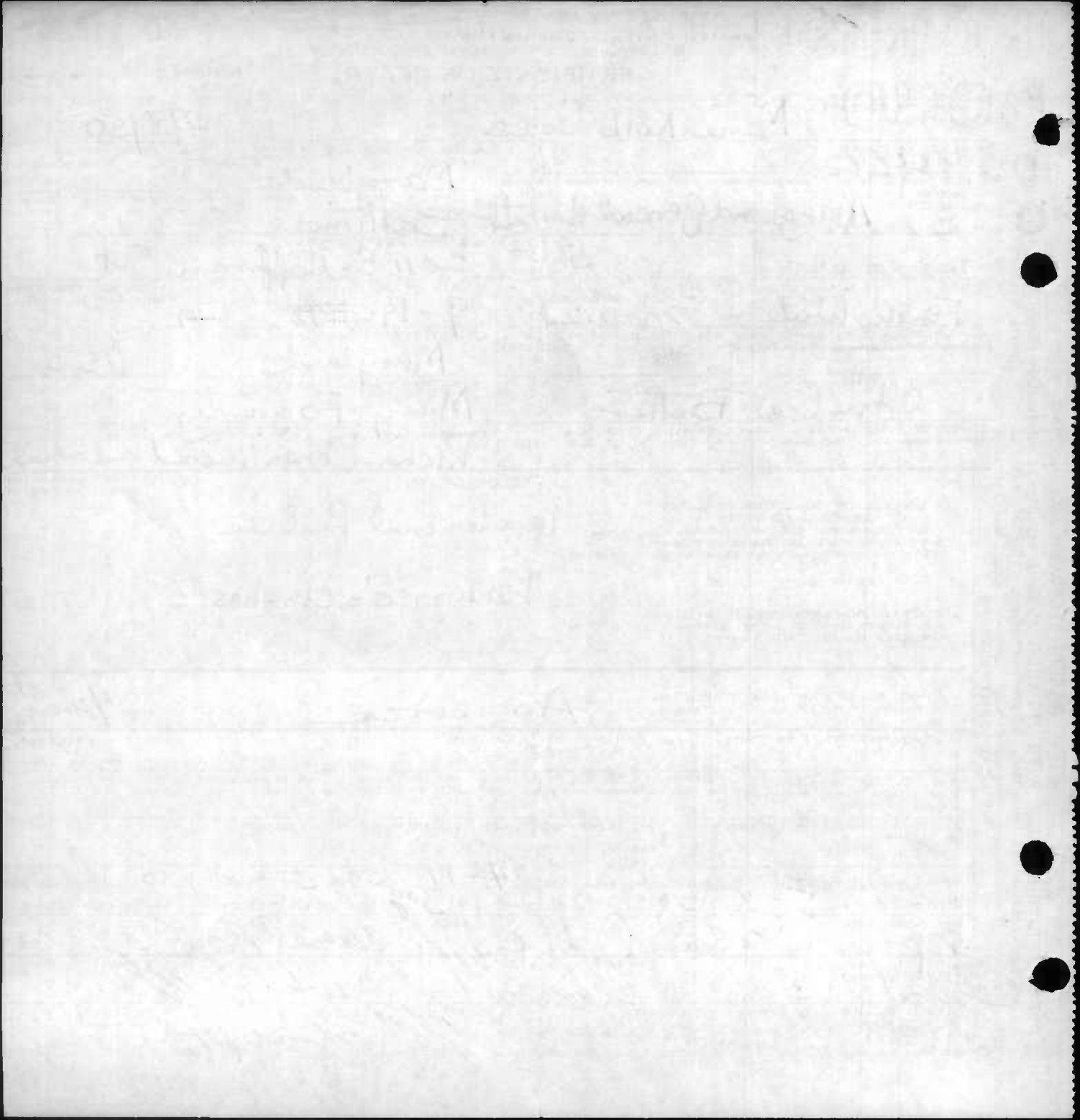
ADDRESS

VS 150

124a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PENNLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DAVID L. Hann

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2701 Barclay St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

2701 Barclay St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 27, 1881

9. AGE (in years last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hour: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor, Train

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hann

14. MOTHER'S MAIDEN NAME

Lydia Hann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Sappington, 1500 N. Wolfe St.

18. 164X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Mediastinum

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 1940, to May 9, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 5:30 am., from the causes and on the date stated above.

23A. SIGNATURE

Deceased's Signature

23B. ADDRESS

1261 - E. M. M. St.

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 10 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

25. FUNERAL DIRECTOR

Thompson & Co. 1214 St. Paul St.

ADDRESS

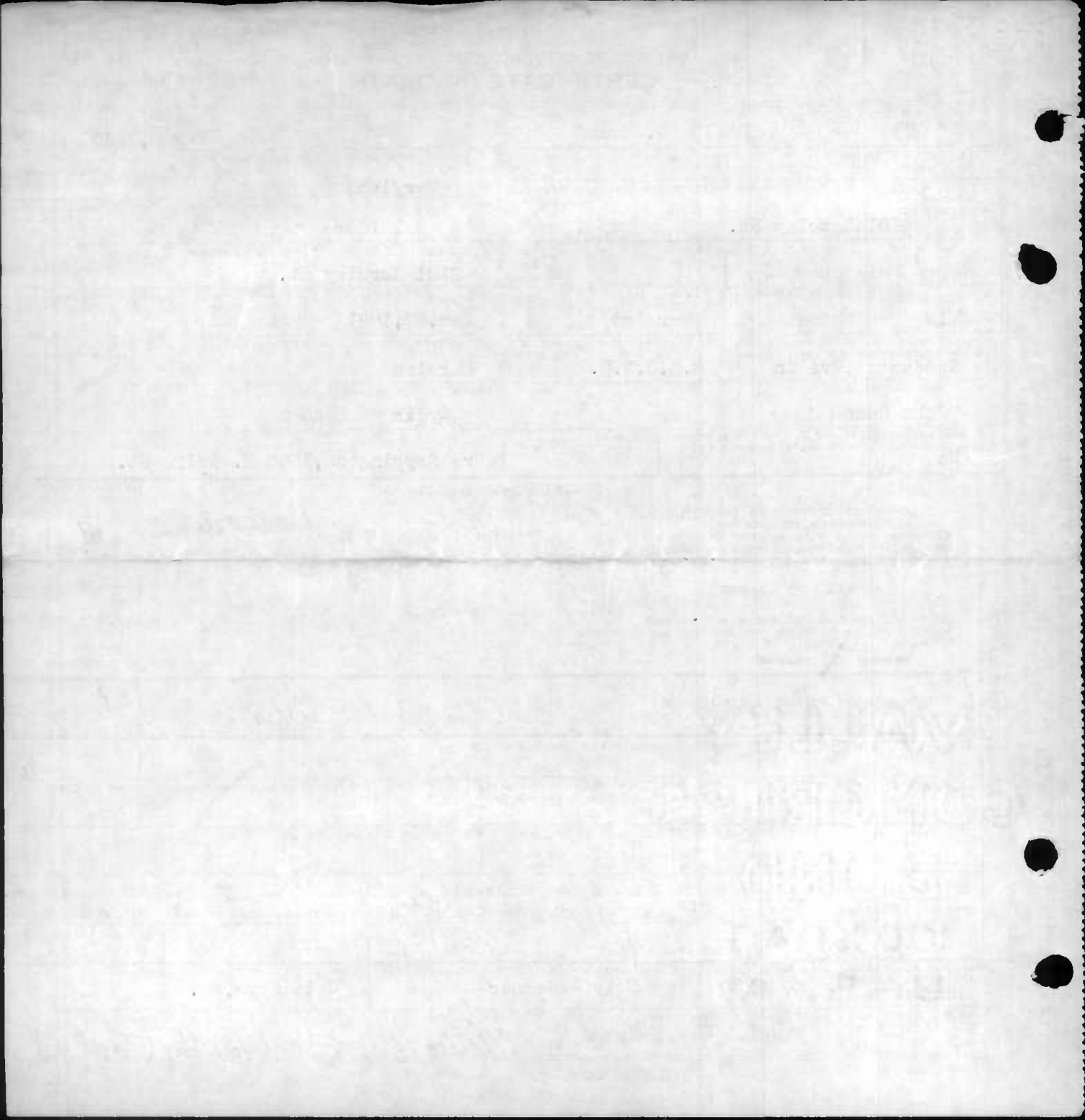
VS 150

10247

47F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260
50 4261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4261
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL TUCKER		2. DATE OF DEATH 5/9/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY OF MD. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11	
6. Length of stay in Baltimore 7 Yrs. ? Mos. ? Days		D. STREET ADDRESS (If rural, give location) 3605 Fernhill ave	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH 1873
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood turner.		12. KIND OF BUSINESS OR INDUSTRY Lumber Company	
13. FATHER'S NAME Mayer Tucker		14. MOTHER'S MAIDEN NAME Etta, ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Sol Tucker		ADDRESS 3322 Hayward Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.) 331X I CAUSE OF DEATH left sided hemiplegia (A) Cerebro - Vascular accident, right DUE TO (B) Hypertensive Cardio-vascular DUE TO (C) Pneumonia - secondary due to II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
20E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20F. HOW DID INJURY OCCUR?	
21. I hereby certify that I attended the deceased from May 1, 1950 , to May 9, 1950 , that I last saw the deceased alive on 5/9 , 1950, and that death occurred at 3:00 a. m., from the causes and on the date stated above.			
22A. SIGNATURE Mark E. Halperin		22B. ADDRESS 49 Md Hoes	
22C. DATE May 10, 1950		22D. NAME OF CEMETERY OR CREMATORY Mickro Kodesh Cong Cemetery	
22E. LOCATION (City, town, or county) Baltimore Md		22F. DATE RECEIVED BY LOCAL REGISTRAR MAY 10 1950	
22G. REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		22H. FUNERAL DIRECTOR Sol Swenson & Bros W North ave	

125a

Dear Sir

The order in which causes of death data
is stated leaves me uncertain as to
which may be, in your opinion,
the underlying causes of death.
Please indicate this.

Letter in document file 50-4261-6/5/50

50 4262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)LEE
GEORGIA Smith2. DATE
OF
DEATH

5/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 102-E-22nd St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE 102-E-22nd ST.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO- MD-12-04

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

102E-22ND ST.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

1886
SEPT-5-

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MILLINER

10B. KIND OF BUSINESS OR INDUSTRY

LANE BRYAN

11. BIRTHPLACE (State or foreign country)

FREDERICK Co. MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CHARLES J. SMITH

14. MOTHER'S MAIDEN NAME

IDA E. HAMMOND

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-05-9264

17. INFORMANT

Charles Hammond - Union Bridge

INTERVAL BETWEEN ONSET AND DEATH

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Vascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

John R. Davis

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

MAY-11-50

24C. NAME OF CEMETERY OR CREMATORY

FAIRMOUNT

24D. LOCATION (City, town, or county)

LIBERTY TOWN MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 10 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

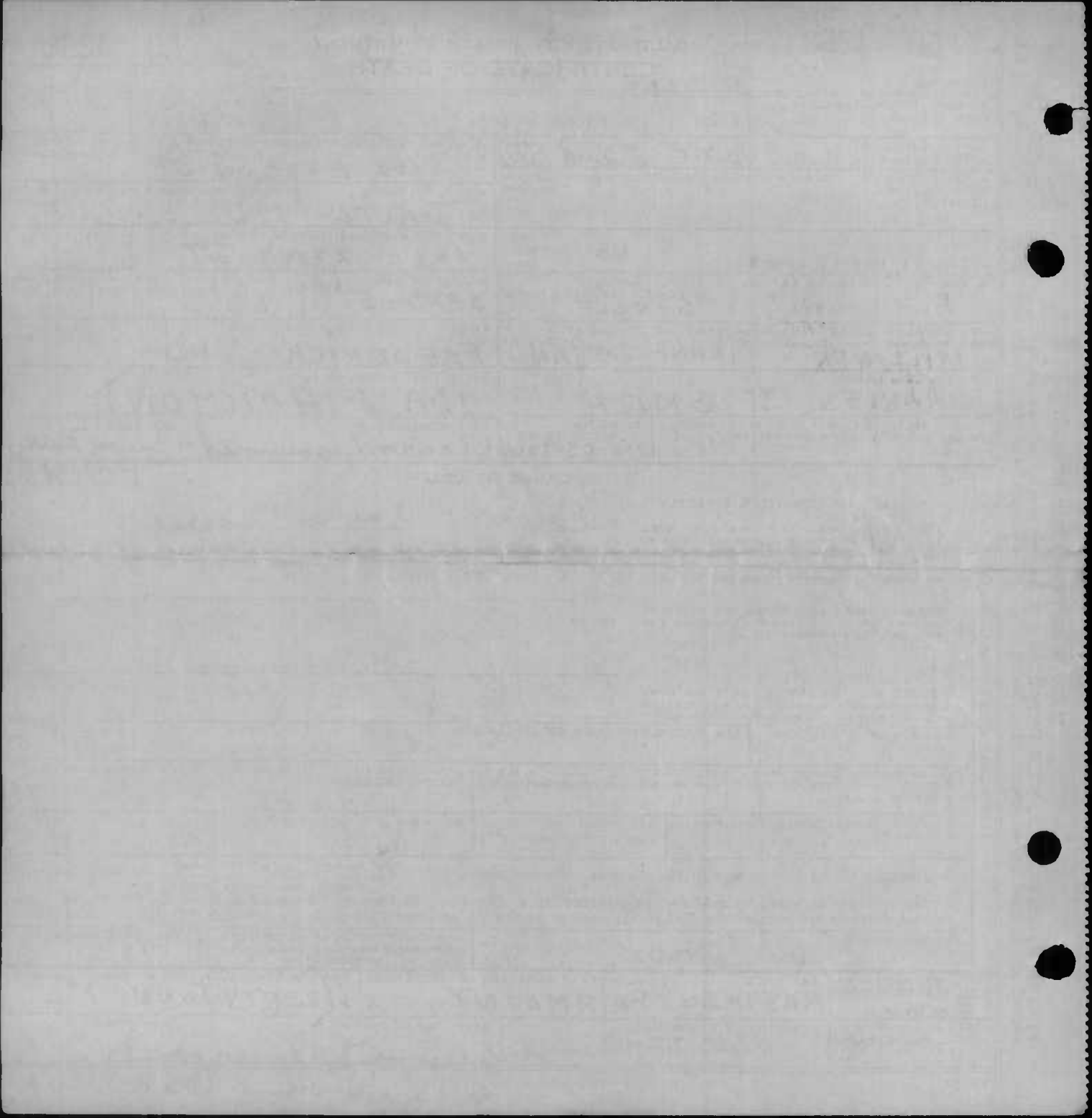
E. E. Wortham, P. M. S. 942

VS 151

47863 5118 Burgess Oak Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 4263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4263

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE CARNES.

2. DATE
OF
DEATH

May-8-1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, institution; residence
A. STATE B. COUNTY before admission)Maryland.
Baltimore 20-02B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

514-N. Pulaski St.

C. Length of stay in Baltimore

Life.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

514-N. Pulaski St.

5. SEX

Female

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed.

8. DATE OF BIRTH

May-17-1886

9. AGE (In years,
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home.

11. BIRTHPLACE (State or foreign country)

Baltimore-Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Lynch.

14. MOTHER'S MAIDEN NAME

Mary McHugh.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no (unknown)) (If yes, give war or dates of service)

no

no.

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

C. Gilbert Carnes, - 3141 Frederick Ave.

ADDRESS

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

H. A. V. Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

595

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949 to May 8, 1950, that I last saw the
deceased alive on May 7, 1950, and that death occurred at 12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. P. Subin

M. D.

23B. ADDRESS

1845 W. Balte St

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial.

24B. DATE

May-11-1950

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cemetery.

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles J. Schwab, - 3512-Frederick Ave.

MAY 10 1950

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
COMMUNICATIONS
SECTION
JAN 10 1964

MS-134940

50 4264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4264

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Christian George Glatthaar</u>		2. DATE OF DEATH <u>May 7, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Hospitals</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>20-04</u>			
c. Length of stay in Baltimore <u>life</u>		D. STREET ADDRESS (If rural, give location) <u>2442 Frederick Ave. Zone 23</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 27, 1885</u>	9. AGE (In years last birthday) <u>65</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Hanger</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>For Self</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME (Deceased) <u>Peter Glatthaar</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		14. MOTHER'S MAIDEN NAME (Deceased) <u>Catherine</u>	
17. INFORMANT <u>Baltimore City Hospitals</u>		ADDRESS <u>Records*4940 Eastern Ave.</u>			
18. <u>153X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Small bowel obstruction</u> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Carcinoma of the cecum with generalized metastasis</u> DUE TO (B) _____		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION <u>1-15-50</u>		19B. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>1-14</u> , 19 <u>50</u> to <u>5-7</u> , 1950, that I last saw the deceased alive on <u>5-7</u> , 1950, and that death occurred at <u>8:45 AM</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>R.S. Rogers</u>		23B. ADDRESS <u>4940 Eastern Ave.</u>		23C. DATE SIGNED <u>5-8-1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 10-1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Western Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore - Md.</u>		25. FUNERAL DIRECTOR <u>Charles J. Schwab</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 10 1950</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, M.D.</u>		ADDRESS <u>3512 Frederick Ave.</u>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4265
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Thomson Goldsborough

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3908 Cloverhill Rd., Balto. 18, Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2 11-01

D. STREET ADDRESS (If rural, give location)

The Preston, 218 E. Preston St.

c. Length of stay in Baltimore

45 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)
widow

8. DATE OF BIRTH

JUNE 28 1871 78

9. AGE (in years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Willard Thomson

14. MOTHER'S MAIDEN NAME

Emma Harlan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Galt G. Carroll

3908 Cloverhill Rd., Balto. 18, Md

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

24 hrs

DUE TO

Arterio-sclerosis
Myocarditis

Gradual

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 1928, to May 9, 1950 that I last saw the deceased alive on May 8, 1950, and that death occurred at 3.4 m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Brady

23B. ADDRESS

1408 Park Ave

23C. DATE SIGNED

5-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

May 11/50

24C. NAME OF CEMETERY OR CREMATORY

Brandywine

24D. LOCATION (City, town, or county)

Wilmington Del.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 10 1950

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

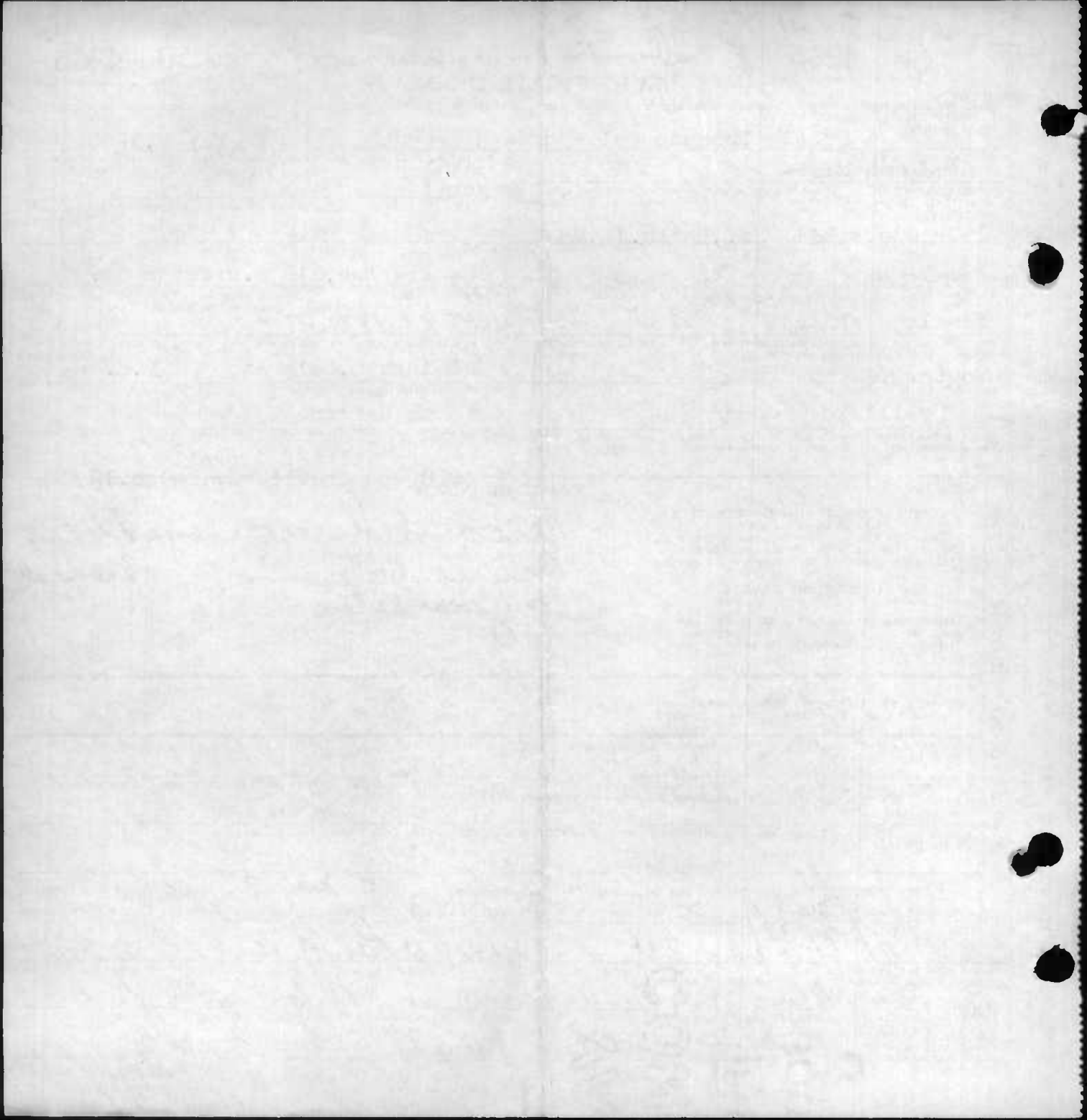
Henry W. Jenkins Sons Co

VS 150

93D 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4266

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE GERIACH

2. DATE
OF
DEATH

5-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

19 MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PASADENA 5200

D. STREET ADDRESS (If rural, give location)

POWATTAN BEACH

c. Length of stay in Baltimore

1 mo

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 2, 1884

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

UNEMPLOYED

10B. KIND OF BUSINESS OR
INDUSTRY

Self-Employed

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jacob C. GERIACH

14. MOTHER'S MAIDEN NAME

Sophia HINKIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Gerlach Powhattan Beach

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Uremia

1 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

degenerative cardio-
vascular renal disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-5-50

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4-18, 1950, to 5-9, 1950, that I last saw the
deceased alive on 5-9, 1950, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene A. Peters

M. D.

23B. ADDRESS

Grey Hospital

23C. DATE SIGNED

5-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 13, 1950 Woodlawn Home Windsor Mill Road

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 10 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leo S. Leach 1703 N. Patterson Park Ave

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Signature of Physician		10. Signature of Registrar		11. Signature of Informant		12. Signature of Coroner	
13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Police Officer		16. Signature of Fire Department	
17. Signature of School Board		18. Signature of Religious Authority		19. Signature of Social Worker		20. Signature of Other	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-425
50 4267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4267
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SIMEON ALEXANDER

2. DATE
OF
DEATH

5-8-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland DOCTORS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

DOCTORS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1827 N. DURHAM ST

C. Length of stay in Baltimore

40 YEARS

5. SEX

MALE

WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

OCT. 22 1868

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RISING SUN MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Frank Alexander

14. MOTHER'S MAIDEN NAME

Amanda Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Viola Stanley 2622 E. Biddle St

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardiac Insufficiency

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Senescent Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1945 to 5-8, 1950, that I last saw the deceased alive on 5-8, 1950 and that death occurred at 6:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

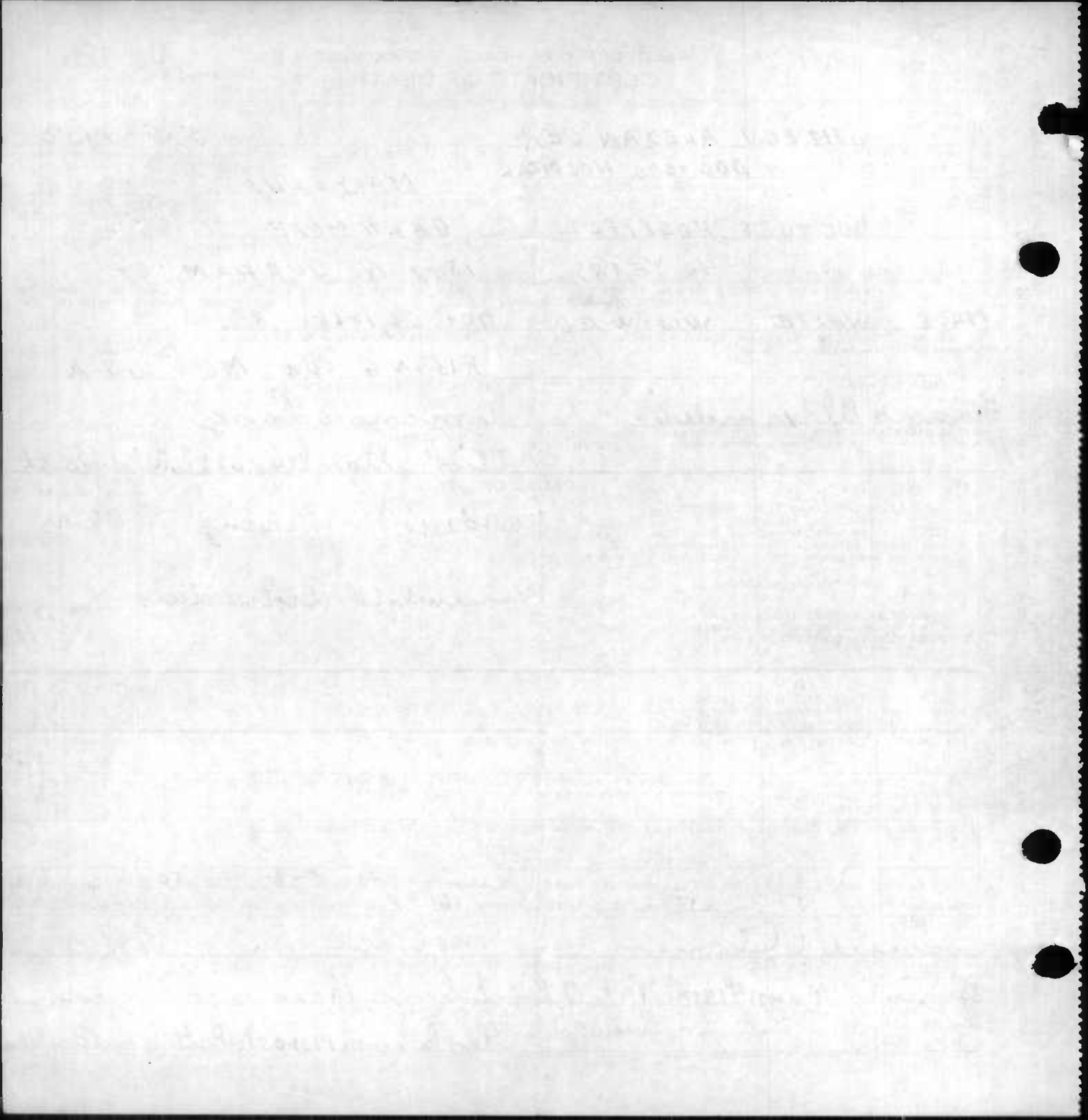
MAY 10 1950

Christington Williams, M.D.

Leo S. Cook 1701-03 N. Patterson Park Ave

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING



50 4268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4268

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PARRISH, George

2. DATE
OF
DEATH

5/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

39

Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-04

D. STREET ADDRESS (If rural, give location)

1915 E. Chase

c. Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 28, 1893

9. AGE (In years last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Government Service

10B. KIND OF BUSINESS OR INDUSTRY

EDGEWOOD Arsenal

11. BIRTHPLACE (State or foreign country)

Magnolia N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Dellie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lottie Breeden 1925 Jefferson St

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerulonephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C) Uremia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/29/1950 to 5/6/1950, that I last saw the deceased alive on 5/5, 1950, and that death occurred at 3 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III, M.D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/10/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 10 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-530
50 4269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4269
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ernest Smith</i>		2. DATE OF DEATH <i>May 8, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Oster 6</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-34</i>			
c. Length of stay in Baltimore 40 yrs		D. STREET ADDRESS (If rural, give location) <i>7113 Adams Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-1-80</i>	9. AGE (in years last birthday) <i>69</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Joseph Smith</i>		14. MOTHER'S MAIDEN NAME <i>Anna ?</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-01-2851</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS	
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Branchio pneumonia -</i>		(A) <i>Branchio pneumonia -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio sclerotic cardio-vascular disease</i>		(C) <i>Arterio sclerotic cardio-vascular disease</i>		<i>10 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Parkinson's Disease</i>				<i>18 yrs.</i>	
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/19</i> to <i>5/8</i> , 1950, that I last saw the deceased alive on <i>5/8</i> , 1950, and that death occurred at <i>JOHNS HOPKINS HOSPITAL</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>E. H. Schoenrich</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/8/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>5/11/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 10 1950</i>		24F. REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
24G. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC</i>		24H. ADDRESS <i>BALTIMORE - 13, MARYLAND</i>		24I. SIGNATURE <i>Seay P. Sander</i>	
VS 150 <i>(E. H. Schoenrich)</i> <i>30819</i> <i>937</i>					

10/12/12

10/12/12

10/12/12

10/12/12

10/12/12

50 4270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4270
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTINA SCHEINER

2. DATE
OF
DEATH

May 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2705 E. Fayette Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

6. STREET ADDRESS (If rural, give location)

2705 E. Fayette Street

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 11, 1887

9. AGE (in years
last birthday)

62

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Scheiner

14. MOTHER'S MAIDEN NAME

Mary E. Pachta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 2705 E. Fayette Street
Mr. John Pachta

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

1 1/2

1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to 5-8-50, that I last saw the
deceased alive on 5-5-50, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/10/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 10 1950

Wm. J. Williams, M.D.

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MD.

VS 150

Henry T. Sander

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

INFORMED
OF
THE
FUTURE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Harry Garfield Miles, Jr.2. DATE
OF
DEATHMay 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

STATE
Maryland

B. COUNTY

before admission)

a. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONMercy Hospital (DOR)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

11-02
12 W. Preston Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
separated

8. DATE OF BIRTH

Oct. 20, 19009. AGE (In years
last birthday)49If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Invalid - heart10B. KIND OF BUSINESS OR
INDUSTRYMember - Marine

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

Harry Garfield Miles, Sr.

14. MOTHER'S MAIDEN NAME

Florence Va. Rutley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)yesWWI16. SOCIAL
SECURITY NO.17. INFORMANT 5 Wendover Road
Mrs. John T. Roberts

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Coronary DiseaseEssential HypertensionINTERVAL BETWEEN
ONSET AND DEATH9 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer J.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 9, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)burial

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRARMAY 10 1950

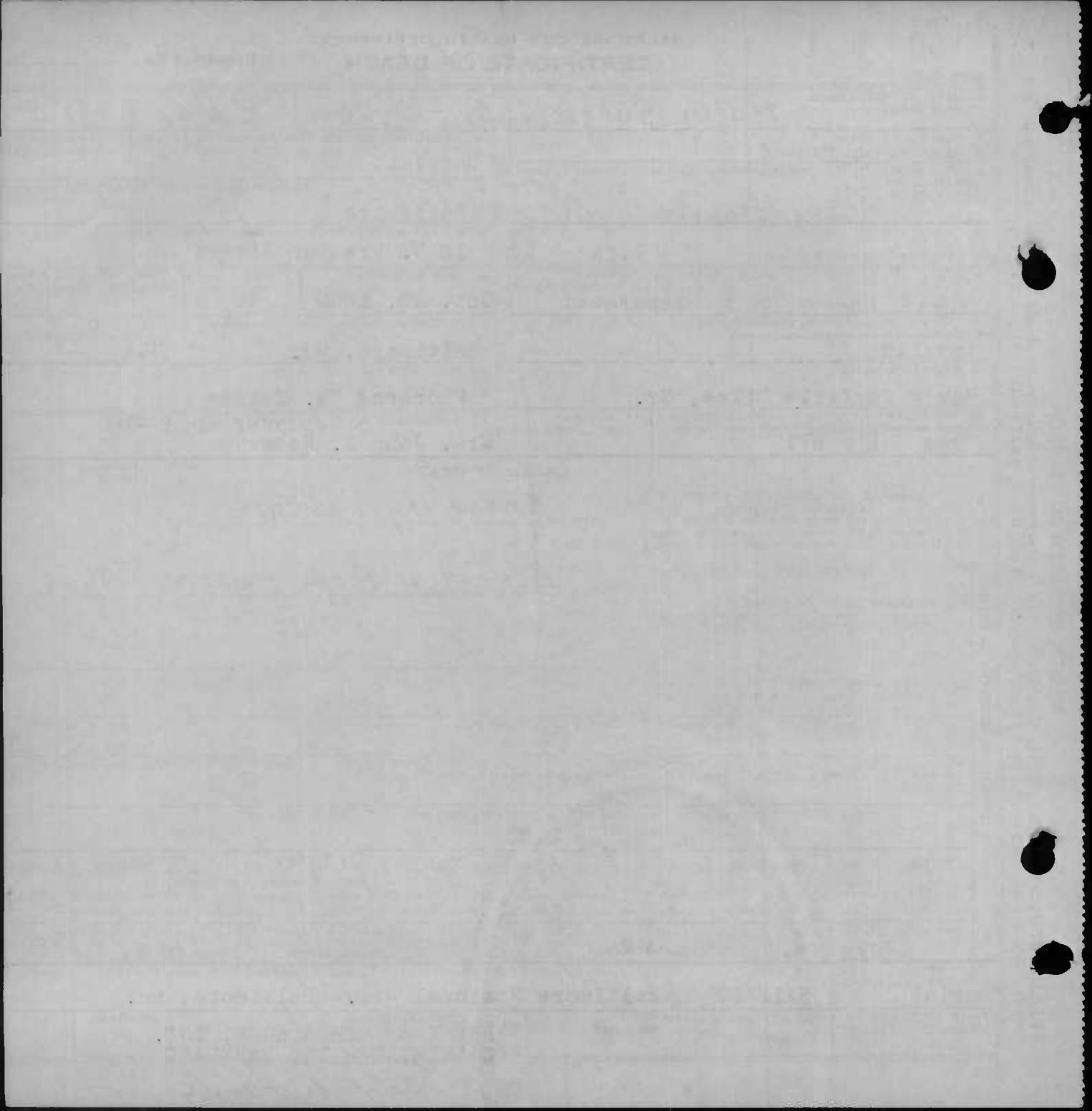
REGISTRAR'S SIGNATURE

Wm. H. Kammer J.

25. FUNERAL DIRECTOR

HENRY SAN DER & SONS, INC.
BALTIMORE - 13, MARYLAND

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4272
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Winkler Jr

2. DATE
OF
DEATH

May 9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2235 Annapolis

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

2235 Annapolis Road

c. Length of stay in Baltimore

40 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb 3/1882

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Lugar Refinery

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

Don't know

13. FATHER'S NAME

John Winkler

14. MOTHER'S M maiden name

Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

John Winkler

ADDRESS

No

18. *289.2*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hemochromatosis -

(B)

DUE TO

None

(C)

None

INTERVAL BETWEEN ONSET AND DEATH

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR?

None

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

None

21E. INJURY OCCURRED

None

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from *Jan 1, 1950*, to *May 9, 1950*, that I last saw the deceased alive on *May 6, 1950*, and that death occurred at *11 A. M.*, from the causes and on the date, stated above.

23A. SIGNATURE

Paul Schubert

23B. ADDRESS

301 Annapolis Rd

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

May 12/50

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Howard Co Md

DATE RECEIVED BY LOCAL REGISTRAR

MAY 10 1950

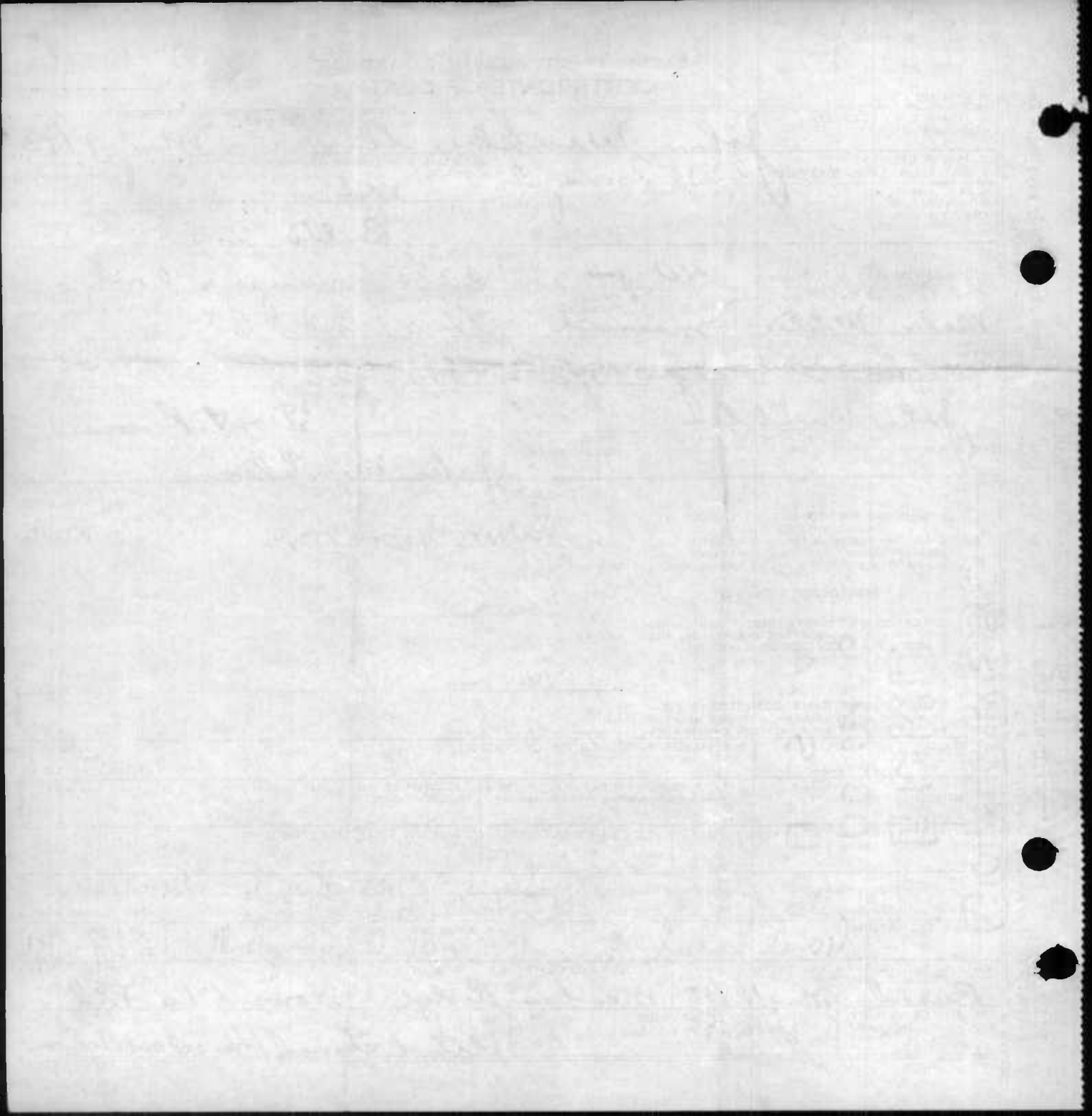
REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Ullrich Funeral Home 2008 Chelcom

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4273
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Katherine Schaefer (V.)

2. DATE
OF
DEATH

5-8-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.
BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

40

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

16-07

D. STREET ADDRESS (If rural, give location)

3135 Belmont Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 18, 1875

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Sarah Moseman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Dorothy E. Carroll 3135 Belmont A.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) ARTERIOSCLEROTIC CARDIO-
DUE TO VASCULAR DISEASE & BILATERAL
PULMONARY EDEMA & PLEURAL
EFFUSION -
(B) BILATERAL BRONCHOPNEUMONIA
DUE TO
(C) DIABETES MELLITUSINTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.MYOCARDIAL INFARCTION (OLD)
(NW)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/14/1950 to 5/8/1950, that I last saw the
deceased alive on 5/8/1950, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Shaw M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-12-50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

MAY 10 1950

VS 150

61

Dear Sir

The order in which causes
of death data is related leaves
no certain which may be,
in your opinion, the underlying
cause of death. Please indicate
this.

See Document File 50-4273

6.26.50 ES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

76-360
50 4274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4274

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELI HENRY NUTTER

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

US Marine Hospital

Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Wiscamick

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Jesterville

7200

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

51 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/1/85

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dredgeman

10B. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Sid Nutter

14. MOTHER'S MAIDEN NAME

Maria Conway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

T

16. SOCIAL SECURITY NO.

?

17. INFORMANT ADDRESS
Records- US Marine Hospital, Balto, Md.

18. 199-8

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Squamous carcinoma, metastatic, bilaterally inguinal and hypogastric nodes, primary source undetermined

2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19, 1950, to May 9, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-14-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Jesterville

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

Cornelius D. Messick

ADDRESS

Bivalve, Md.

MAY 10 1950

VS 150

358V9

55E

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL

NAME OF FUNERAL

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF JUDGE

NAME OF SHERIFF

NAME OF CONSTABLE

NAME OF JURY

NAME OF COURT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 592X

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1402 Rutter St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore 14-01

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1402 Rutter St

(If rural give location)

(e) Citizen of foreign country? NO

(Yes or No)

If yes, name country

3 (a) FULL NAME

Hollie Skens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

Female

5. Color or race

Crl

6 (a) Single, married, widowed, or divorced.

Widow

6 (b) Name of husband or wife

Marcelous Skens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Dec 25, 1892

8. AGE: Years

57 58

Months

Days

If less than one day

hr.

min.

9. Birthplace

Newberry S.C.

(Town, county, and state)

10. Usual Occupation

House wife

11. Industry or business

Home

FATHER

12. Name

Thomas C. Field

13. Birthplace

Newberry S.C.

MOTHER

14. Maiden Name

Carrie Bughtry

15. Birthplace

Newberry S.C.

16 (a) Informant

Mrs. Mattie Gary (daughter)

(b) Address

1402 Rutter St

17 (a)

Burial (Burial, cremation, or removal)

Date thereof May 11, 1958

(month) (day) (year)

(c) Cemetery or crematory

Family lot

Location

Newberry S.C.

18 (a) Funeral director

Holland Funeral Home

(b) Address

1631 Daniel Hill Ave

19 (a)

Date received by registrar

May 10, 1958

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

5/9 1950, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from mo? 1945. to 5/9 1950.

and that I last saw him alive on 5/9 1950.

Immediate cause of death

Chronic Nephritis (uremia)

Duration

2 mos

Due to

Due to

Other Conditions Diabetes Mellitus

Aortic insufficiency, generalized arteriosclerosis

(Include pregnancy within 6 months of death)

Date of operation

none

Major findings of operation:

of autopsy:

none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Ralph J. Young

Address

1424 E. Monument St

Date signed 5/9/50

*Ask Dr. [illegible]
which was, in his opinion,
the underlying cause of death - Nephritis or Diabetes*

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

Letter in document file 50-4275-6/5/50.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-000

50 4276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4276
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Elden Lee

2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1120 N. Edgewood St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1120 N. Edgewood St.

C. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

April 3, 1890

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Macon Ga.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Parvantine Cheatum

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arterio sclerotic heart dis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Paraplegic
Seizure

8 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950 to May 8, 1950 that I last saw the
deceased alive on May 8, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Thier

M. D.

23B. ADDRESS

1422 E. Jones St

23C. DATE SIGNED

May 10, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 10/50

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

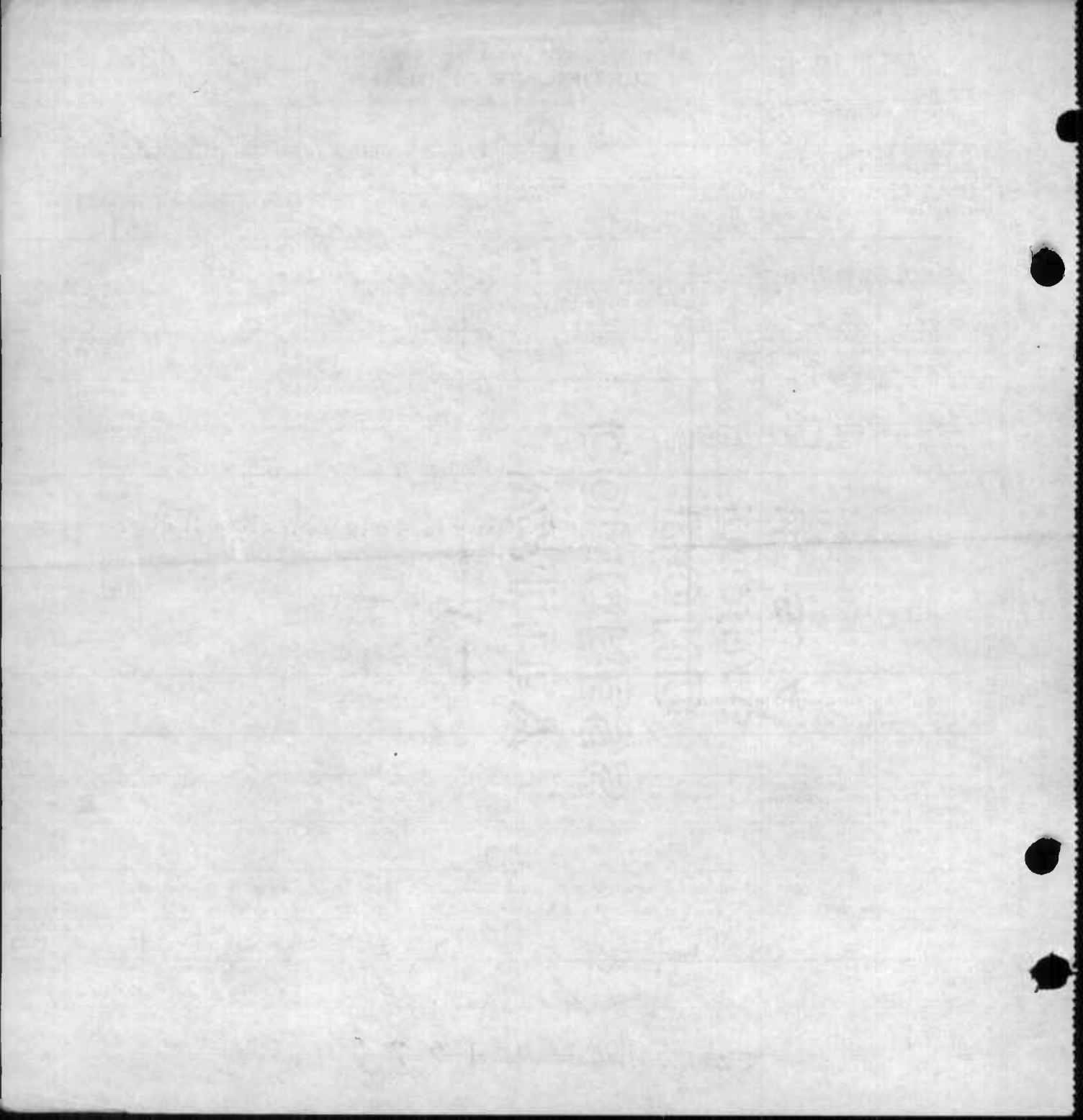
ADDRESS

MAY 10 1950

Huntington Williams, M.D.

Mrs. Robert A. Ellis, Jr.

1129 N. Caroline St 93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4277
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ANNA
MARY STRZELCZYK ORSTELCZYK2. DATE
OF
DEATH

5/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

ST. JOSEPH'S HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 1-04

D. STREET ADDRESS (If rural, give location)

2731 DILLON ST.

c. Length of stay in Baltimore

52 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan 6, 1883

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Swanie

14. MOTHER'S MAIDEN NAME

Telka

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

DAUGHTER

ADDRESS

SAME

18. 420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cormary thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8/50, 19, to 5/8/50, 19, that I last saw the
deceased alive on DOA, 19, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Sawinski

M. D.

23B. ADDRESS

St. Gresh's Chap.

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATOR

ST. STANISLAUS CEMETERY DUNDALK AVE

24D. LOCATION (City, town, or county)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 10 1950

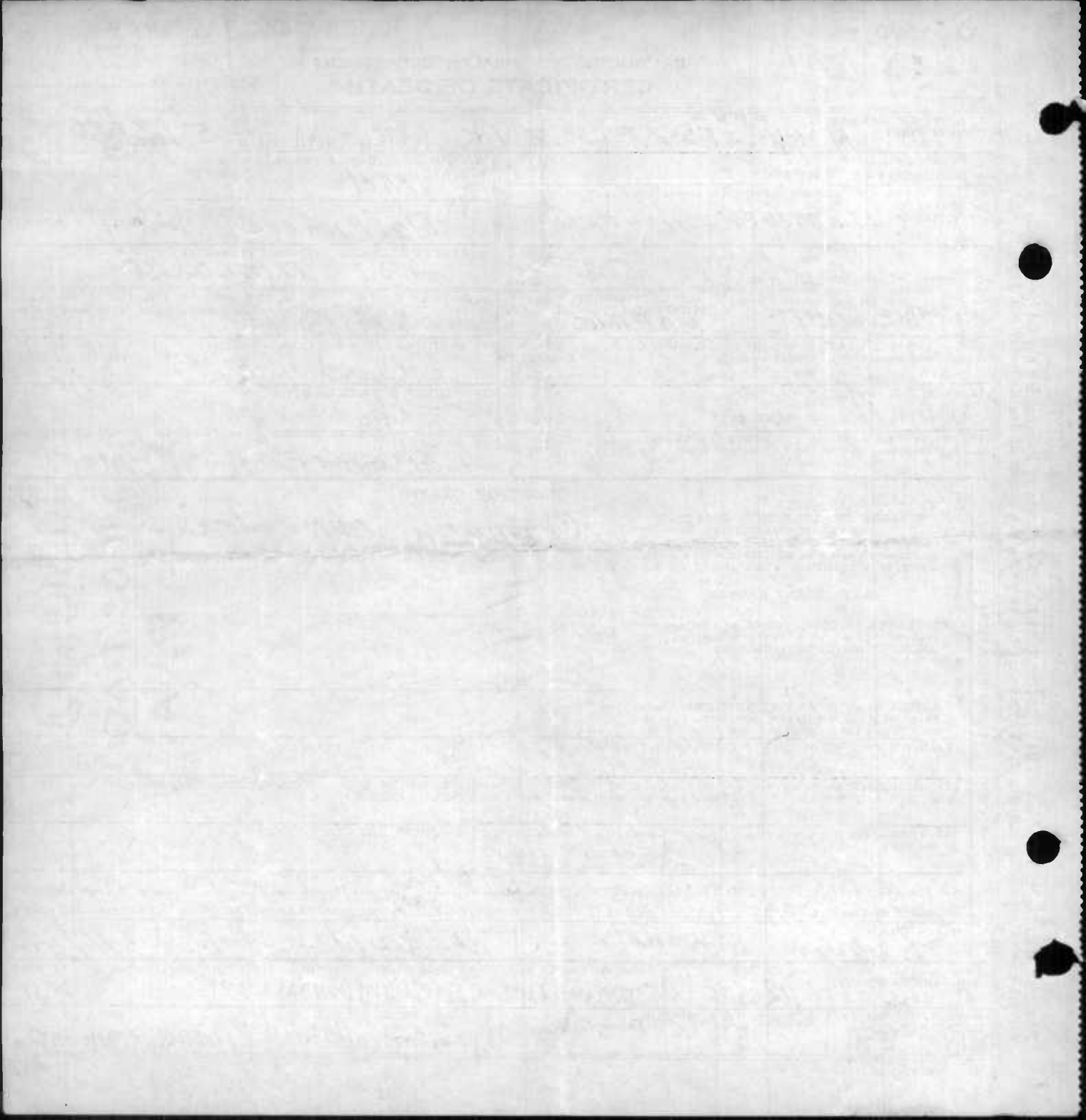
REGISTRAR'S SIGNATURE

Thaddeus Sawinski, M.D.

25. FUNERAL DIRECTOR

Marie E. Fialkowski 1000 S. KENWOOD

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4278
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John

Lassiter

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

919 Argyle Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR or RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 1, 1921

9. AGE (In years)

29

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

odd jobs

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

U.S.A.

13. FATHER'S NAME

John Lassiter Sr.

14. MOTHER'S MAIDEN NAME

Holly Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give dates of service)

No none

16. SOCIAL SECURITY NO.

17. INFORMANT
Bell Morgan - Argyle Ave.

18. 241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchial asthma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATHSeveral
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

A. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 8, 1950

24A. BURIAL, CREMATION,
TOMB REMOVAL (Specify)

Burial

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Halstead - 918 -

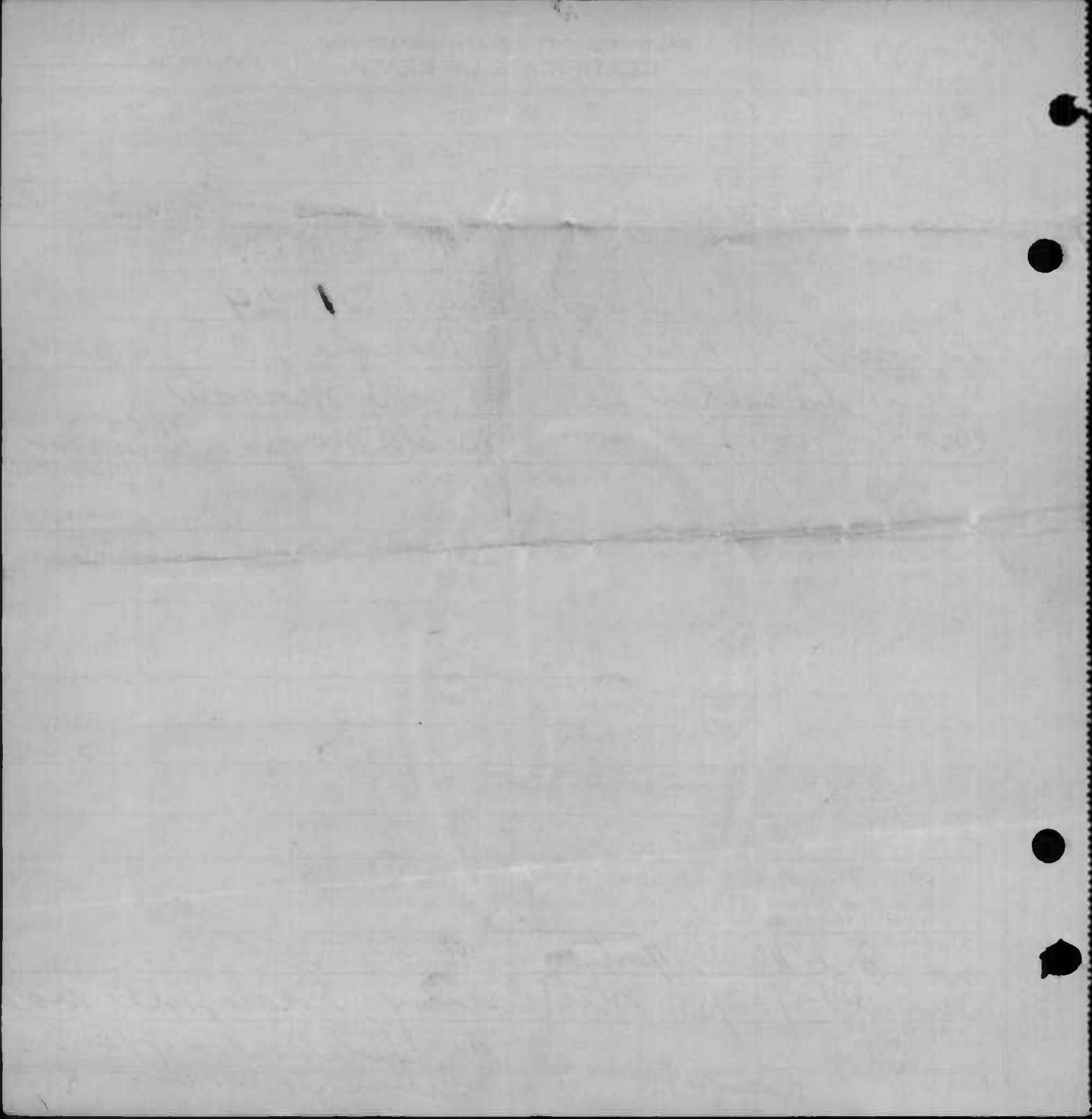
ADDRESS

Cedar Hill Md.

MAY 10 1950

98899

112



CERTIFICATE CORRECTED

5-24-90

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4279
Registered No.

BIRTH NO. 50 4279

1. NAME OF DECEASED (Type or Print) THOMAS BURLEY		2. DATE OF DEATH May 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 125 W. Perry Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1885 12/18/(-1880-) (60) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) A.A.Co., Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Albert Burley		14. MOTHER'S MAIDEN NAME Mae Snead	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Grace Emanuel-125 W. Perry St.	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
---	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

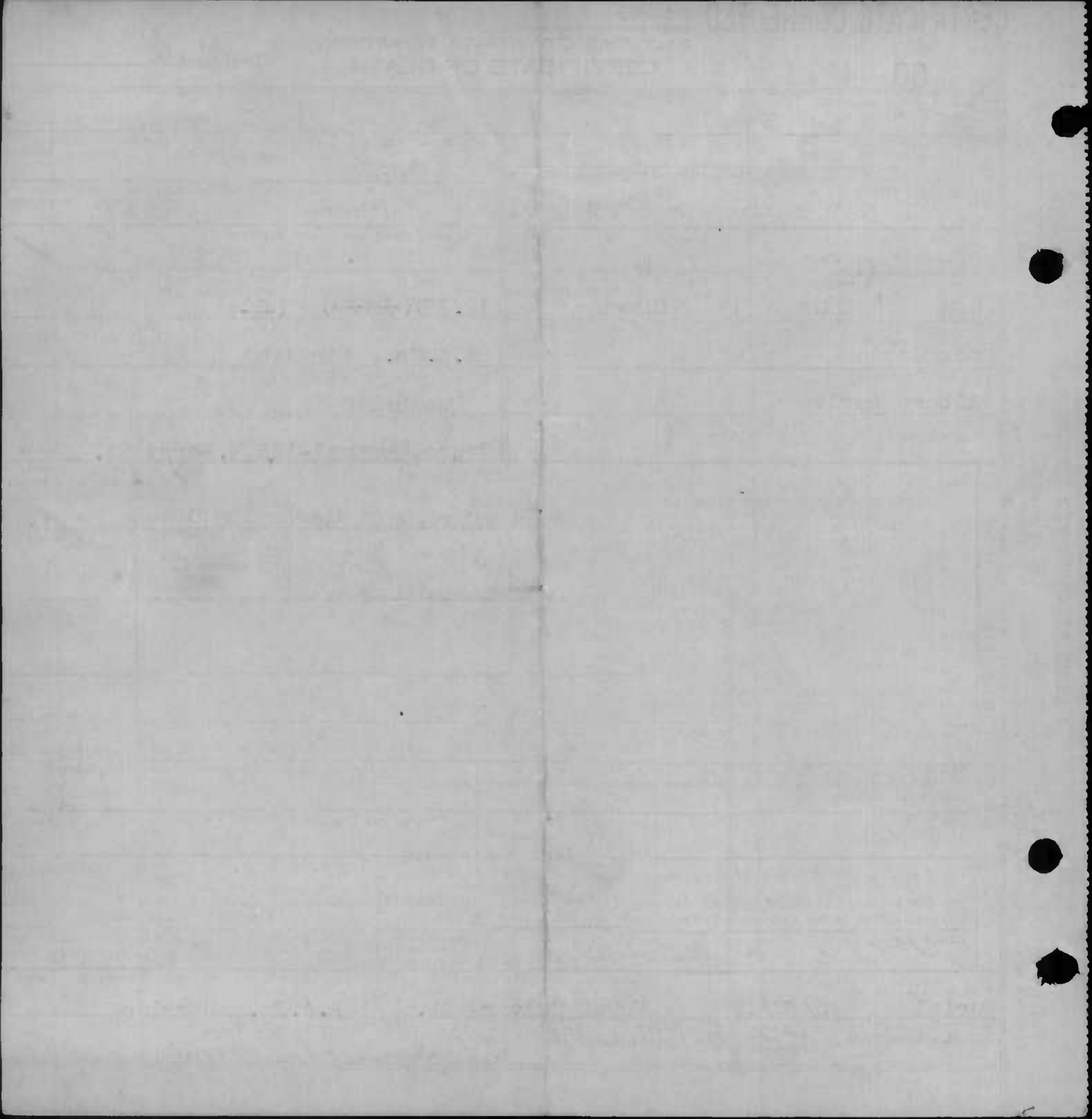
22. I certify that I took charge of the remains described above, held on Insp. & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley S. Burleson M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR 23C. DATE SIGNED May 9, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 5/13/1950 24C. NAME OF CEMETERY OR CREMATORY Mount Calvary Ct. 24D. LOCATION (City, town, or county) (State) A.A.Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR 5/13/1950 REGISTRAR'S SIGNATURE Montgomery St. 25. FUNERAL DIRECTOR S.L. Brown & Son ADDRESS 108 W. Montgomery St.

MAY 10 1950



S-530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4280

BIRTH NO. 50 4280

1. NAME OF DECEASED
(Type or Print)

SMITH, ELVER

2. DATE
OF
DEATH

5-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

25-43

D. STREET ADDRESS (If rural, give location)

2512 S. Paca St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Jan. 1, 1892

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Sillery N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edd Edmonds

14. MOTHER'S MAIDEN NAME

Louisa Cash

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dad M. Pickett 2513 S. Paca St.

18.

I S I X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Stomach

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Septicemia; Perforation Stomach

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 5-1-1950, to 5-8-1950, that I last saw the
deceased alive on 5-8-1950, and that death occurred at 12:4 m., from the causes and on the date stated above.

23A. SIGNATURE

W. A. Viernann

M. D.

23B. ADDRESS

University Hoag.

23C. DATE SIGNED

5/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-10-1950

24C. NAME OF CEMETERY OR CREMATORY

Rocky Mount

24D. LOCATION (City, town, or county)

Rocky Mount

(State)

N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. M. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

Schroeder St.

CERTIFICATE OF LEAD

A. J. JONES

1911

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5-530
50 4281BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4281
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Burley Smith

2. DATE
OF
DEATH

May 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1003 N. Stricker St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-02

D. STREET ADDRESS (If rural, give location)

1003 N. Stricker St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

December 9, 1877

9. AGE (In years;
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Eastville, Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jim Spaddy

14. MOTHER'S MAIDEN NAME

Nellie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Blanche Custis, 1003 N. Stricker St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Coronary N. Arteriosclerosis 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1948, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Wether

M. D.

23B. ADDRESS

1536 E. 1st St.

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-10-1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

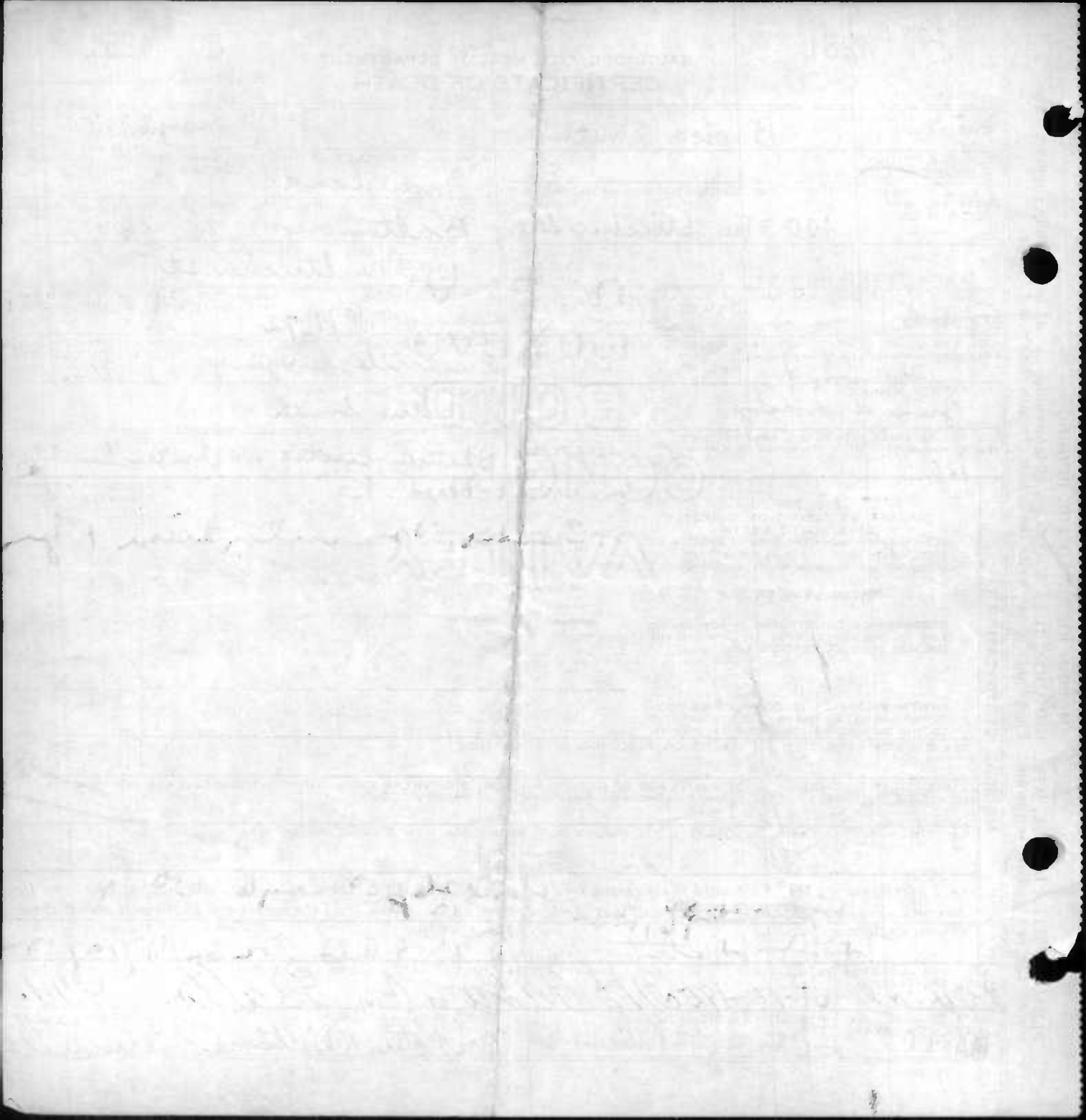
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Kate R. Williams Schreder St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4282
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie A Paul

2. DATE
OF
DEATH

May 10 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1919 Harmon Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Baltimore City* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1919 Harmon Ave 25-42

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-4-1895 3 65?

9. AGE (In years,
last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman C. Kroll

14. MOTHER'S MAIDEN NAME

Jessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Herman W Paul 3046 Stafford St

18. *422.1*

CAUSE OF DEATH

Baltimore BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis

2 yrs

DUE TO

cardio-vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

none

DUE TO

II

(C)

none

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *5/1/48* to *5/10/50*, 1950, that I last saw the deceased alive on *5/10/50*, 1950, and that death occurred at *4:00* m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin H. Miller MD

M. D.

23B. ADDRESS

2030 Williams Ave

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-13-50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Fredrick Rd Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 10 1950

REGISTRAR'S SIGNATURE

Christington Williams, MD

25. FUNERAL DIRECTOR

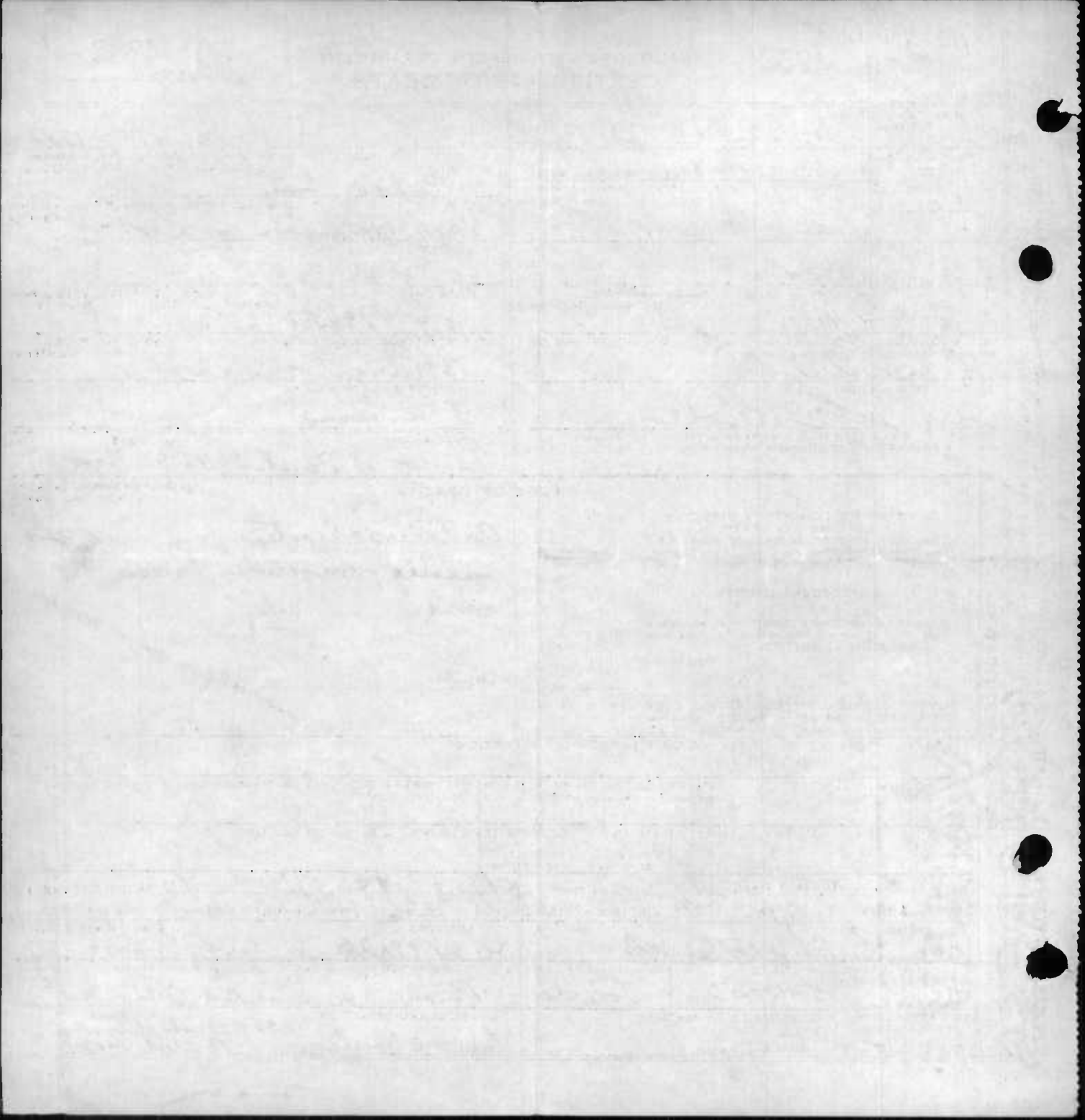
Edward Joulson

ADDRESS

2359 Wash Blvd Balto Md

VS 150

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 1283**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Benson

2. DATE
OF
DEATH

5-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

51 Baltimore City Hospitals

C. Length of stay in Baltimore

7 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 20, 1915

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Cannery

13. FATHER'S NAME

Edward

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Azele Posley

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave.

MEDICAL CERTIFICATION

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

10-16-47

19B. MAJOR FINDINGS OF OPERATION

Phrenic Crush

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30 1946 to 5-9 1950 that I last saw the
deceased alive on 5-9 1950 and that death occurred at 12:55 A.M. from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert G. Elliott + Daughter

MAY 10 1950

988 X 112.8 N. Caroline St. 13 B

K-520
50 4284BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4284
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Minerva King

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

13-08

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3654 Malden Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 27 1895

9. AGE (In years,
last birthday)

55 yrs.

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

David Tilden

14. MOTHER'S MAIDEN NAME

Mary Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rufus M. King - Husband - Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Acute coronary occlusion

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arteriosclerotic Heart Disease

Hypertensive Cardiovascular
disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from April 26, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank Supple

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck 36541 Chestnut Ave

MAY 10 1950

937

CERTIFICATE OF TEST

MADE AT THE WATER WORKS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4285**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS

KULIK

2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

1927 Aliceanna Street

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)

8

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

att school

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Francis Kulik

14. MOTHER'S MAIDEN NAME

Lais Cronin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Anthony Klosek 1927 Aliceanna

18. E929.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Asphyxiation

ANTECEDENT CAUSES

(B)

DUE TO

Drowning

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Foot of Chester Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 8, 1950

6:15 P

m?

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Lost footing and fell into harbor

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 11 1950

Mt Olive Cem

Randlettown Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr

John W. Weber 401
S. Chester St

VS 151

N-990

186a

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of church		17. Signature of family		18. Signature of neighbors	
19. Signature of friends		20. Signature of community		21. Signature of society	
22. Signature of association		23. Signature of organization		24. Signature of institution	
25. Signature of government		26. Signature of state		27. Signature of federal	
28. Signature of international		29. Signature of universal		30. Signature of world	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA MAY MERRIKEN

2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

4016 Clifton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4016 Clifton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 2, 1867

9. AGE (In years
last birthday)

82 83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas H. Denison

14. MOTHER'S MAIDEN NAME

Sarah E. Plummer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mabel E. Merriken 4016 Clifton Ave.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

5-4 m

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950 to May 8, 1950 that I last saw the
deceased alive on May 8, 1950, and that death occurred at 11:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Isaac C. Dickson

M. D.

23B. ADDRESS

3055 W. North Ave

23C. DATE SIGNED

May 10 - 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

26m. J. Dickson & Sons, Balto., Md.

83a

MAY 10 1950

Huntington Williams, Jr.

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

EDUCATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH OF SPOUSE

NAME OF CHILDREN

DATE OF BIRTH OF CHILDREN

NAME OF CHILDREN

DATE OF BIRTH OF CHILDREN

NAME OF CHILDREN

DATE OF BIRTH OF CHILDREN

NAME OF CHILDREN

DATE OF BIRTH OF CHILDREN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE WILBOURN GERTH

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Hillcrest Nursing Home

212 Stoney Run Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

713 Evesham Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 17, 1874

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lewis T. Wilbourn

14. MOTHER'S MAIDEN NAME

Alice Wall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Mabel G. Mahool 713 Evesham Ave.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

3-5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerosis
myocarditis
hypertensionGradual
✓
✓

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from July 1946, to May 9, 1950 that I last saw the deceased alive on 5-9, 1950, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. H. Hardy

M. O.

1403 Park Ave.

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

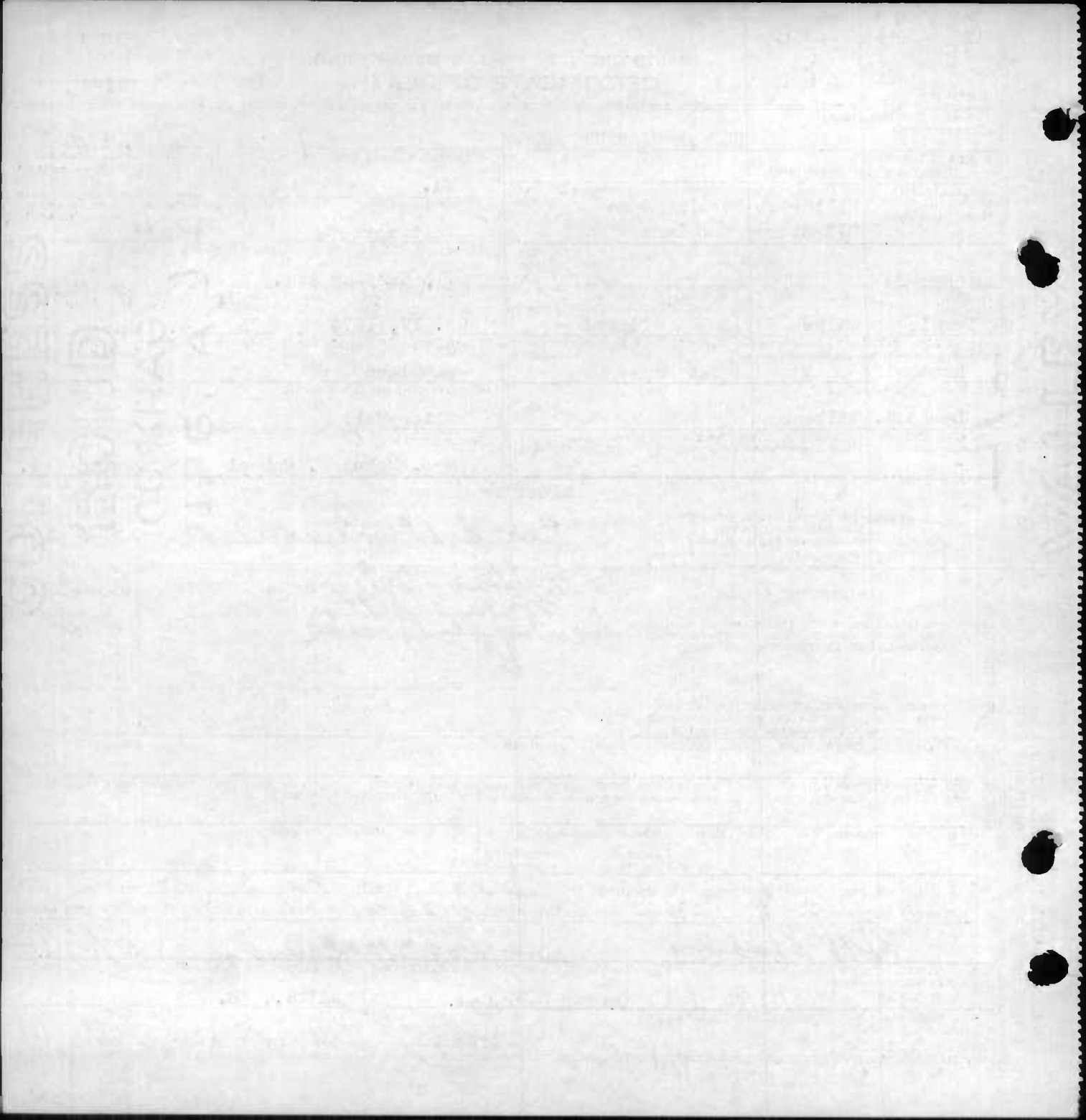
Wm. J. Tichner & Sons - Balto Md.

MAY 10 1950

VS 150

Huntington Williams, M.D.

93D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-525
50 4288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 50 4288
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Munkin

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JONES HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

733 Wallace St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-29-81

9. AGE (In years last birthday)

69

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Toreman - Looping & Seaming Hosiery Mill.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Salem, N. J.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William C. Munkin.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

175-15-6869

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18.

162 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma, right lung

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

mediastinal emphysema
Coronary occlusion

19A. DATE OF OPERATION

4-22-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma, rt. lung, with mediastinal extension

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-18, 1950, to 5-9, 1950 that I last saw the deceased alive on 5-9, 1950, and that death occurred at 6:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McKeon

M. D.

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

5-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/12/50 Mt. Rose.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

York, Penna.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. Gordon Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

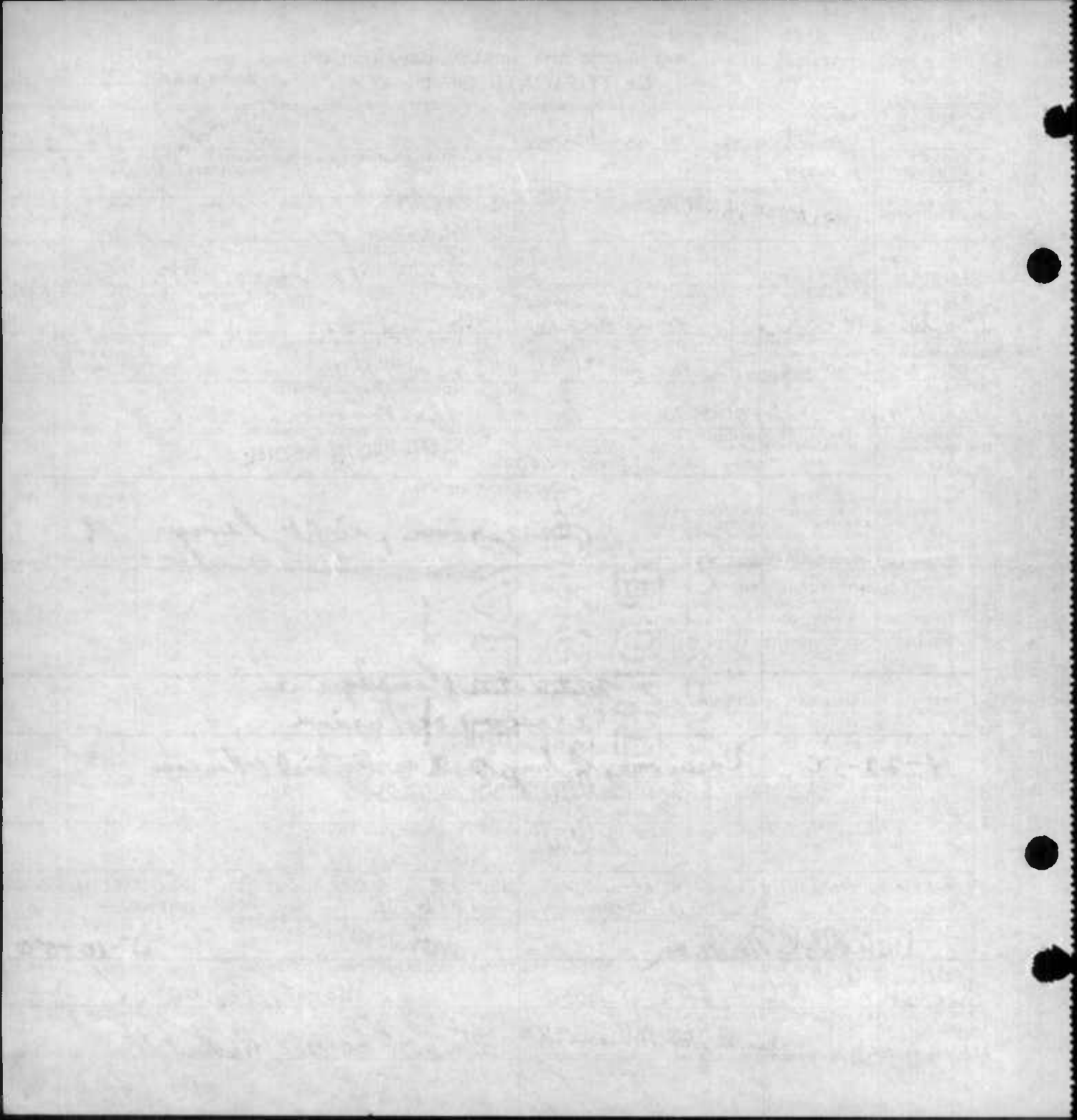
ADDRESS

MAY 10 1950

VS 150

15600

47D



D-600
MS-137643

50 4289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4289
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Russell Earnest Dowery

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

552 Oxford Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 13, 1908

9. AGE (in years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Not known

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records* Baltimore City Hospitals
4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Tuberculosis, active pulmonary,
Miliary Tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

over

19A. DATE OF OPERATION

May 8, 1950

19B. MAJOR FINDINGS OF OPERATION

Node biopsy -- Tuberculous lymph node

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28-1950 to 5-9-1950, that I last saw the
deceased alive on 5-9-1950, and that death occurred at 11:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

J. J. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

May 10, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Olive

24D. LOCATION (City, town, or county)

Unionville, Frederick, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. J. Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Hartley & Sons

ADDRESS

13B

MAY 10 1950

98899 Union Bridge & New Windsor, Md

What was, in your opinion,
the underlying cause of death?

If tuberculosis, was it active pulmonary, or renal
or if cancer - first organ involved

Letter in document file 50-4289-6/20/50.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-62 550 4290

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4290
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Stewart R. Grason		2. DATE OF DEATH May 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital (DOR)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 5300			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 213 BASLEY AVENUE			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 1, 1883	9. AGE (in years last birthday) 67	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK-RECORDS OFFICE		10B. KIND OF BUSINESS OR INDUSTRY BALTO. CO. COURT HOUSE		11. BIRTHPLACE (State or foreign country) TOWSON, MARYLAND	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JOHN GRASON		14. MOTHER'S MAIDEN NAME IDA MAY BROWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS C. BUS GRASON, TOWSON, MD.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY DISEASE		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Wm H. Kammner J.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED MAY 9, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 11, 1950		24C. NAME OF CEMETERY OR CREMATORY PROSPECT HILL CEM.	
24D. LOCATION (City, town, or county) (State) TOWSON, MARYLAND		25. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD.		ADDRESS	

11898

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4291
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES L. RILEY

2. DATE
OF
DEATH

May 8-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1522 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

19-03

D. STREET ADDRESS (If rural, give location)

1522 Hollins St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic Cardiovascular Disease

Years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 6, 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Abram Goldman

M. D.

206 S. Gilman St.

5/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY LOCAL REGISTRARMay-11-1950
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

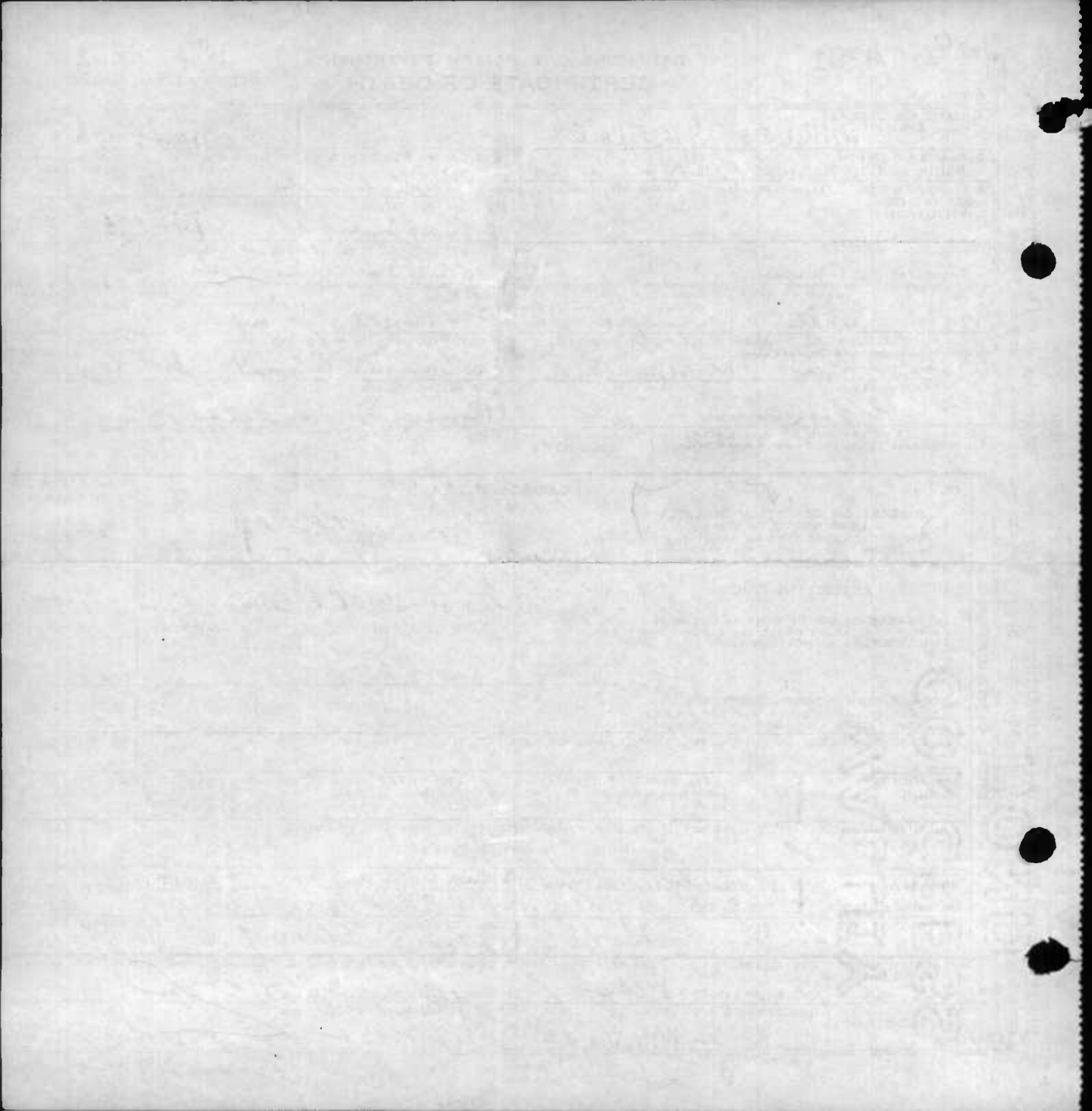
Washington Williams, M.D.

Geo. E. Beyer Jr 1512 Hollins St
Baltimore 23 Md.

30810

937

MAY 10 1950



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Azella L. Nourse

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

419 Charter Oak Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

419 Charter Oak Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 12, 1859

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Lancaster, N. H.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Stone

14. MOTHER'S MAIDEN NAME

Abigail Greenleaf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Ralph P. Dolby, 419 Charter Oak Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Dilatation

4 days

ANTECEDENT CAUSES

DUE TO

(B)

Chronic Myocarditis

several

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Chronic Interstitial Nephritis

years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Apr. 2, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

St. Luke C. Blake, M. D.

23B. ADDRESS

Med Arts. Bldg.

23C. DATE SIGNED

5-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

Summer Street

24D. LOCATION (City, town, or county)

Lancaster,

N.H.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 11 1950

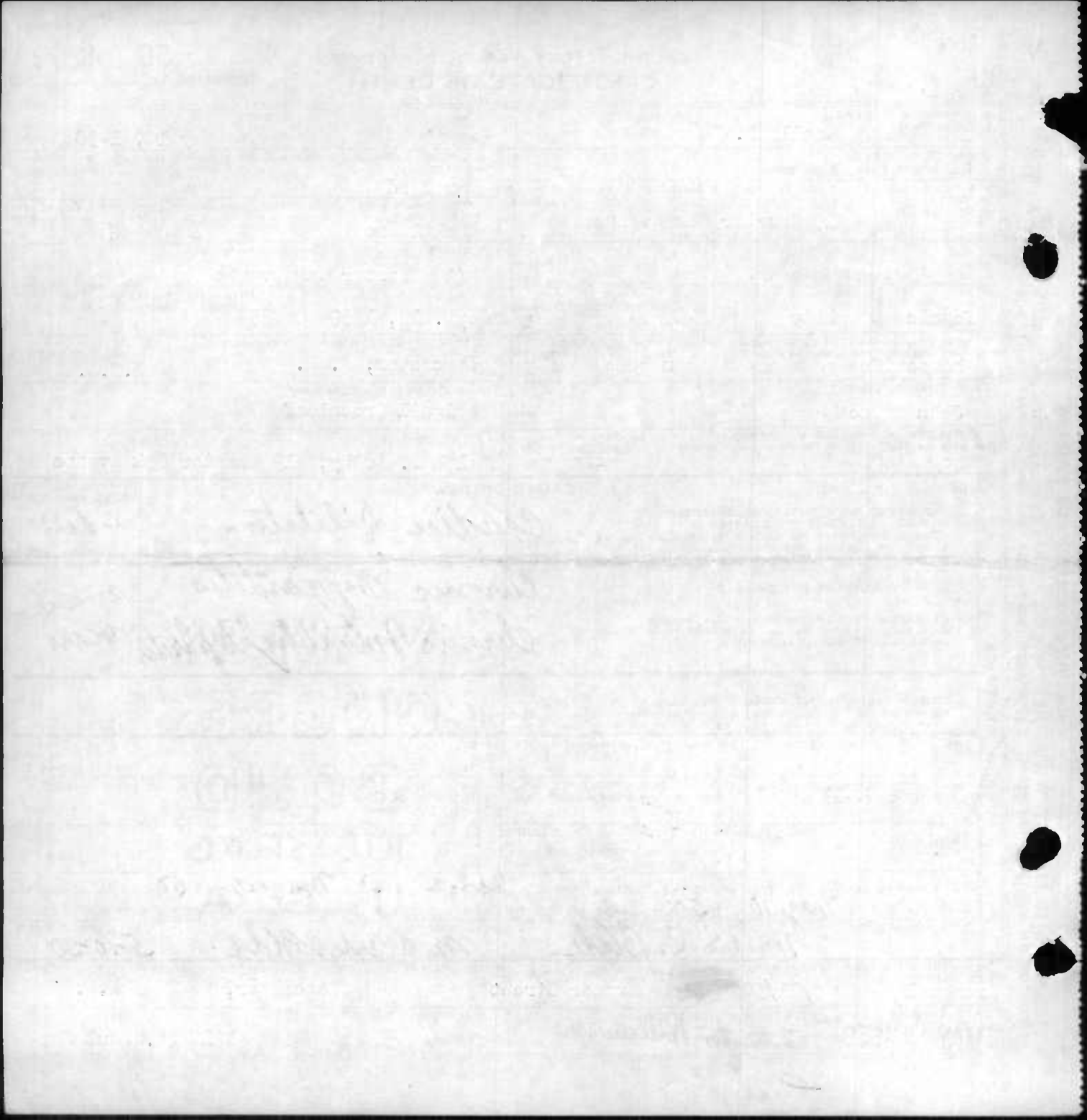
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

St. M. Cook, Inc. 1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4293
Registered No.50 4293
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

ELLA PAULINE McENTEE

2. DATE
OF
DEATH

MAY 19 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3610 OLD FREDERICK RD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

20-07

D. STREET ADDRESS (If rural, give location)

3610 OLD FREDERICK RD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE MARRIED.

SINGLE

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1/15/1877

9. AGE (in years
last birthday)

73

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES J. McENTEE

14. MOTHER'S MAIDEN NAME

ELIZA DUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

REGINA M. McENTEE 3610 OLD FREDERICK RD

18. 332X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Thrombosis Cerebral

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

(B)

Arteriosclerosis Generalized years

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 10, 1950, that I last saw the
deceased alive on May 10, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. Mendel's

23B. ADDRESS

651 N. Bentalon

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

New Caledonia

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1950

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

R. H. Walters

ADDRESS

8312

State of New York

County of ...

Know all men by these presents, that ...

of the County of ...

do hereby certify that ...

in and to the said County of ...

at the City of ...

this ... day of ...

19...

Witness my hand and seal of office ...

at the City of ...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4294

Registered No.

523
50 4294 JL - 137838
BIRTH NO. 50-09084

1. NAME OF DECEASED (Type or Print) Baby Girl Knight- Sally		2. DATE OF DEATH 5-6-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 1hr. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2001 N. Calvert St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 6, 1950
9. AGE (In years last birthday)		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Dowell		14. MOTHER'S MAIDEN NAME Sally Groves	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	
18. 776-X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO ANTECEDENT CAUSES (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-6-50 , 19 50 , to May 6, 1950 , 19 50 , that I last saw the deceased alive on May 6 , 19 50 , and that death occurred at 4.20AM , from the causes and on the date stated above.			
23A. SIGNATURE J. S. Cohen M. D.		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 5-7-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 5-9-1950	
24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave. Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1950		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
25. FUNERAL DIRECTOR		ADDRESS	

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

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PLANT INDUSTRY REPORT NO. 100

PLANT INDUSTRY REPORT NO. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4295
Registered No.

BIRTH NO.

50-08074

1. NAME OF DECEASED
(Type or Print)

Baby Boy Hill

2. DATE
OF
DEATH

April 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

The Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1037 N. Wolfr Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

April 17, 1950

9. AGE (In years last birthday) Months Days Hours Min.
2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Hill

14. MOTHER'S MAIDEN NAME

Ernestine Hanson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

7620

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Undetermined

DUE TO (1- Positive blood culture alpha streptococcus fecalis
2- ? Suffocation) Reluctant

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET, AND DEATH

lived 43 hrs 35 mins

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1950 to April 19, 1950, that I last saw the deceased alive on April 19, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William L. Harrison, M.D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1950

VS 150

160c

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

AGE

PLACE OF BIRTH

EDUCATION

DATE OF BIRTH

SEX

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4296

1. NAME OF DECEASED (Type or Print) Gertrude Alverta Palmer			2. DATE OF DEATH 5-9-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel C. CITY OR TOWN Wicomico		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crownsville (Rural) 7200		
c. Length of stay in Baltimore 5 days			D. STREET ADDRESS (If rural, give location) Crownsville State Hospital		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 19, 1897	9. AGE (In years last birthday) 53	10. If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Robinson			14. MOTHER'S MAIDEN NAME Louise Peters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ---	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		

MEDICAL CERTIFICATION	18. 332 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (B) DUE TO			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive cardiovascular disease			
	19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDER- Lying OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-4-1950 to 5-9-1950, that I last saw the deceased alive on 5-9-1950 and that death occurred at 1 P.m., from the causes and on the date stated above.				
23A. SIGNATURE W. Rogers		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 5-10-1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-14-50	24C. NAME OF CEMETERY OR CREMATORY Allen Cems	24D. LOCATION (City, town, or county) (State) Allen Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Dorsey M. Lucas & Sons	

Information for change of address obtained through State Board of
Health 6/28/50.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4297

BIRTH NO. 50 4297

1. NAME OF DECEASED (Type or Print) <u>ISHAAC FRIEDMAN</u>			2. DATE OF DEATH <u>5-10-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>md</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2513 Keyworth Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 15-12</u>		
c. Length of stay in Baltimore <u>49</u> Yrs. <u>49</u> Mos. <u>49</u> Days			D. STREET ADDRESS (if rural, give location) <u>2513 Keyworth Ave</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH		9. AGE (In years, last birthday) <u>89</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Law Broker</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>
13. FATHER'S NAME <u>Gordon</u>			12. CITIZEN OF WHAT COUNTRY? <u>Russia</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Ether Friedman</u>			ADDRESS <u>2513 Keyworth Ave</u>		

18. <u>163X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Emphysema of lung</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Hypertension in cardiac vascular disease</u> DUE TO		<u>yes</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>5/11</u> , 19 <u>48</u> , to <u>5/10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/9</u> , 19 <u>50</u> , and that death occurred at <u>11:04</u> p.m., from the causes and on the date stated above.		
23A. SIGNATURE <u>Queen Kunt</u>	23B. ADDRESS M. D. <u>2320 Eutaw</u>	23C. DATE SIGNED <u>5/10/50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>5-11-50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>
24D. LOCATION (City, town, or county) <u>Balto</u>	24E. STATE <u>md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 11 1950</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Jack Lewis</u>
ADDRESS <u>2100 Eutaw Rd</u>		

Wash
2020
Coutans

Myerberg
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4298

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Henry Myerberg*2. DATE
OF
DEATH*5/9/50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*42**Sumner*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore 13-02*

D. STREET ADDRESS (If rural, give location)

2062 Linden Ave

c. Length of stay in Baltimore

*55*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*74*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*retired - merchant shoe & hat*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Poland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Parack Meyer Myerberg

14. MOTHER'S MAIDEN NAME

*not known*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Fannie Myerberg 2062 Linden Ave*18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/29*, 1950, to *5/9*, 1950, that I last saw the
deceased alive on *5/9*, 1950, and that death occurred at *11* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard 1953

M. D.

23B. ADDRESS

Sumner 107p

23C. DATE SIGNED

*5-9-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-11-50

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county) (State)

*Baltimore Md*DATE RECEIVED BY
LOCAL REGISTRAR

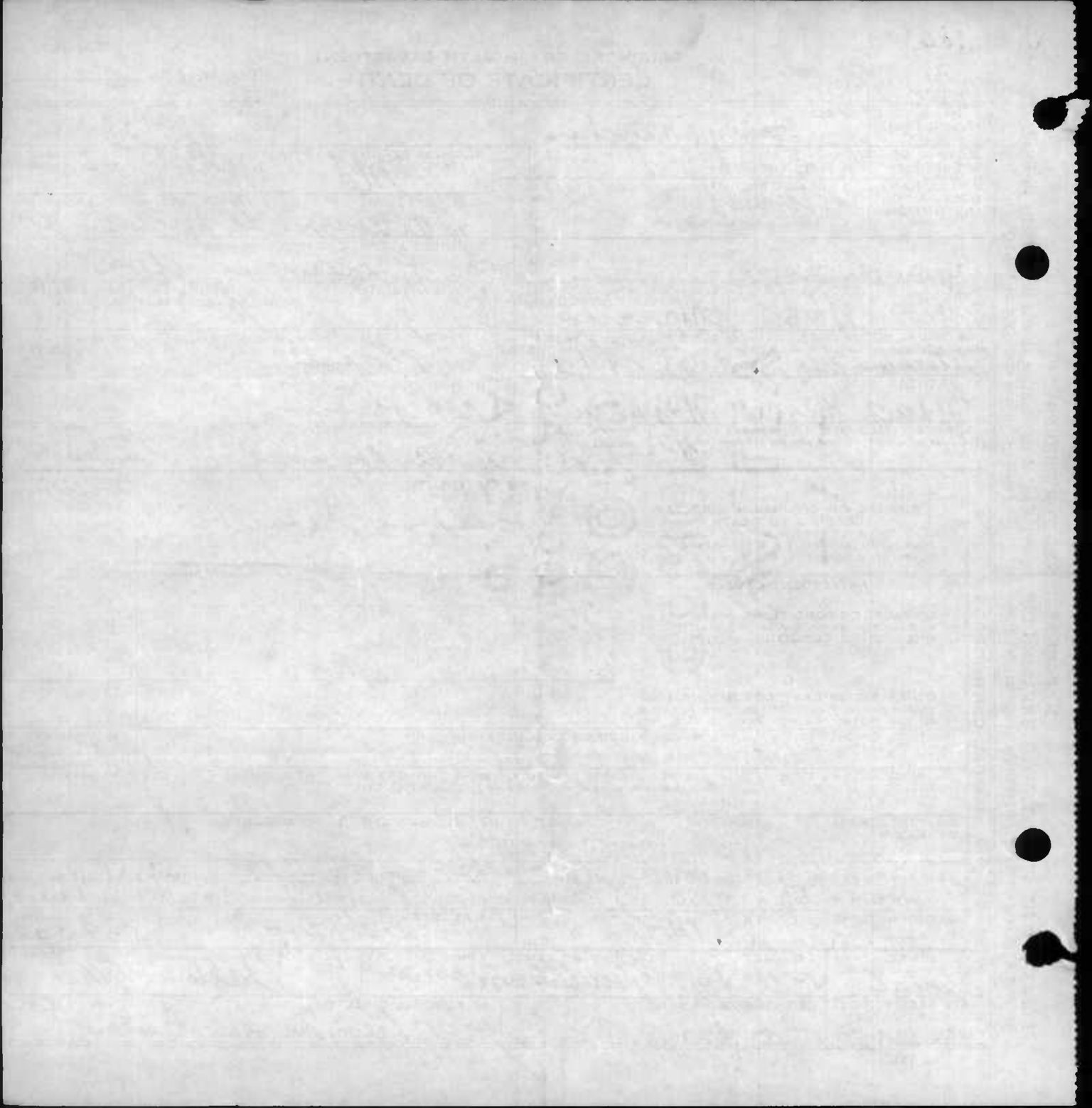
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eastern Pl



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

60-137869

50 4299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4299
Registered No.

1. NAME OF DECEASED (Type or Print) Peter Terry			2. DATE OF DEATH 5-8-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 4-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 3/ 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 yrs.			D. STREET ADDRESS (If rural, give location) 668 Fairmount Ave.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH ? ? ?	9. AGE (in years last birthday) 63?	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10B. KIND OF BUSINESS OR INDUSTRY BLDG. CONVT	11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alphonsa Terry			14. MOTHER'S MAIDEN NAME Katherine Morrow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. Records, 4940 Eastern Ave.		
18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 7 , 1950, to May 8 , 1950, that I last saw the deceased alive on May 8 , 1950, and that death occurred at 1.47Am. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 5-8-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY St. Calvary	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1950		24F. REGISTRAR'S SIGNATURE Wm. Williams, M.D.	
24G. FUNERAL DIRECTOR Wm. Williams, M.D.		24H. ADDRESS 988 Vg		24I. SIGNATURE Wm. Williams, M.D.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4300

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ELIZA JONES2. DATE
OF
DEATH5-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE MD. B. COUNTY before admission5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION520 W. BIDDLE STC. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTO 17-01 township)

D. STREET ADDRESS (If rural, give location)

520 W BIDDLE ST

C. Length of stay in Baltimore

20Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

C.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M.

8. DATE OF BIRTH

2/16/919. AGE (In years,
last birthday)59If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.2 2X10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)DOMESTIC10B. KIND OF BUSINESS OR
INDUSTRYChinese Laundry

11. BIRTHPLACE (State or foreign country)

S. C.12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

NED CAMPS

14. MOTHER'S MAIDEN NAME

UNKNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOSHUA LUCASADDRESS 520
N BIDDLE18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CARDIO VASCULAR
DISEASE

DUE TO

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) BROKEN COMPENSATION

DUE TO

2 mos

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 4, 1950, to MAY 10, 1950, that I last saw the
deceased alive on MAY 9, 1950, and that death occurred at 12 A. m., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. D.

23B. ADDRESS

1908 Penna Ave

23C. DATE SIGNED

6/10/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRARMAY 11 1950

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

W. Halstead - 918 -

ADDRESS

4968 Elwood Hill ave.

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

10-10-1910

Name of Deceased		Date of Death	
John Doe		October 10, 1910	
Age		35	
Sex		Male	
Color		White	
Marital Status		Single	
Occupation		Farmer	
Cause of Death		Died of natural causes	
Place of Death		At home	
Time of Death		About 10:00 AM	
Signature of Physician		J. B. Smith	
Signature of Undertaker		W. H. Jones	
Signature of Registrar		C. L. Brown	
Signature of Coroner		D. E. White	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS VANCE CARTER

2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3521 Oakmont Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3521 Oakmont Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 30, 1880

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Superintendent

10B. KIND OF BUSINESS OR
INDUSTRY
Street Lighting

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Carter

14. MOTHER'S MAIDEN NAME

Mary R. Hendrix

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sadie L. Carter 3521 Oakmont Ave.

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Left Lung -

18 mos.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1945, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

S. W. Billups

23B. ADDRESS

504 Mundock Road

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. J. Tuckener & Sons, Balto., Md.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

15654 302

47D

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4302
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edna E. Mills

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1619 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

1619 Edmondson Ave. Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

19-01

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

30 Yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Oct. 19, 1905

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hooker

14. MOTHER'S MAIDEN NAME

Lucy Hooker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isaiah Mills 1619 Edmondson Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1950, to 5-9, 1950 that I last saw the
deceased alive on 5-9, 1950, and that death occurred at 2:58 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B.

24B. DATE

May 12, 1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 11 1950

VS 150

Huntington Williams, M.D.

Lucille Bess, 1200 McCulloch St
Lucille Bess

55E

Letter in document file 50-4302 - 6/28/50.

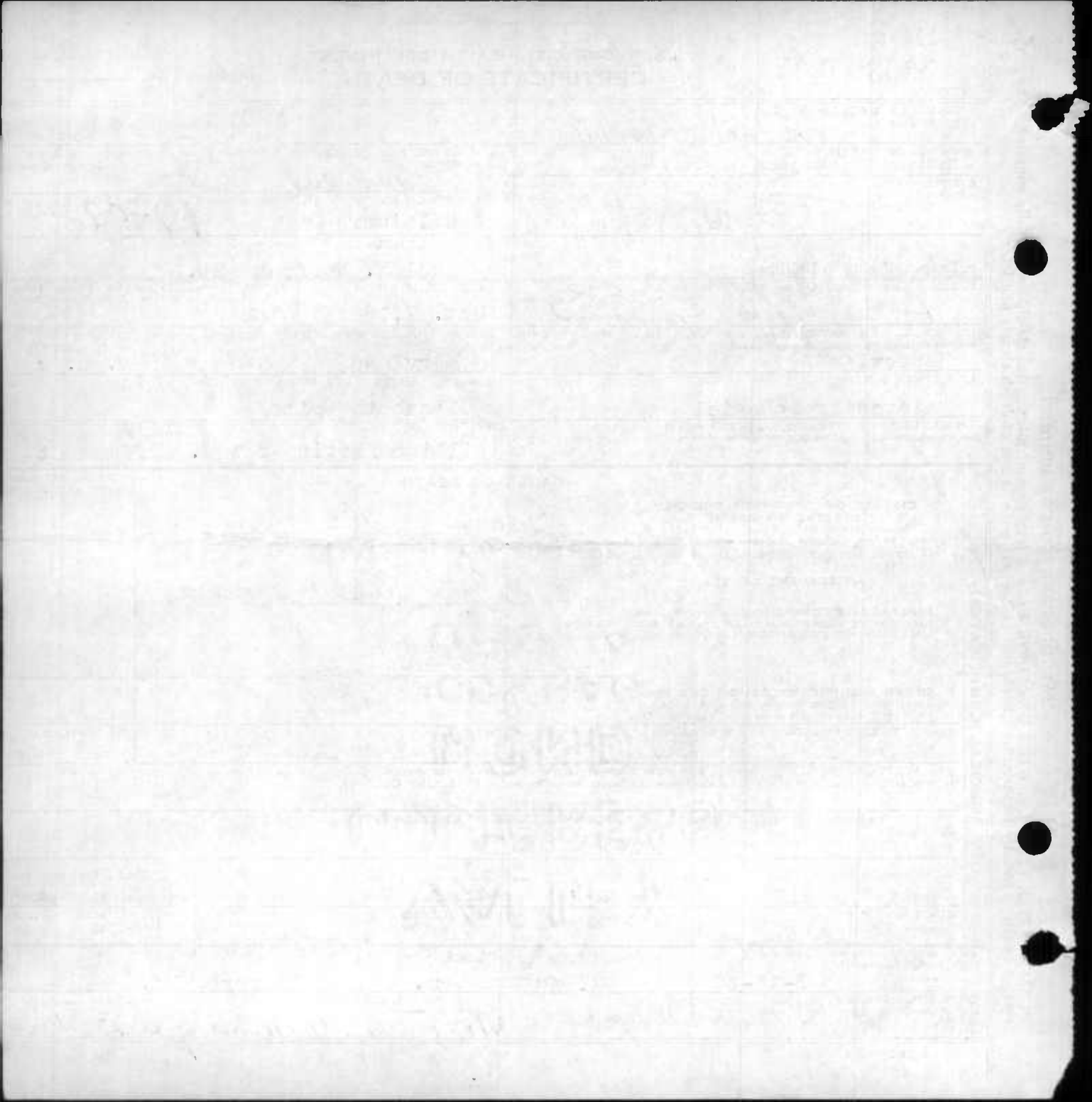
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4303

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ethel Harris</i>			2. DATE OF DEATH <i>5-10-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balt</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>17-02</i>		
c. Length of stay in Baltimore Yrs. Mo. Days			D. STREET ADDRESS (If rural, give location) <i>531 W. Hoffman St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct. 7, 1887</i>		9. AGE (In years last birthday) <i>62</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>
13. FATHER'S NAME <i>Alexander McDaniel</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Smith</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>William Harris 531 W. Hoffman St.</i>		
18. <i>260 X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Diabetes Mellitus - uncontrolled</i> DUE TO (B) <i>Diabetic Ulcer & Abscess &</i> DUE TO (C) <i>Cellulitis</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>S. Impulatus I Rt leg -</i> INTERVAL BETWEEN ONSET AND DEATH			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19A. DATE OF OPERATION <i>5-5-50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Diabetic Ulcer, Arteriosclerosis</i>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-31</i> , 19 <i>40</i> , to <i>5-10-50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>5-9</i> , 19 <i>50</i> , and that death occurred at <i>8:30</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Harris</i>		23B. ADDRESS <i>1514 Division St.</i>		23C. DATE SIGNED <i>5-10-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5-13-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 11 1950</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	
24G. FUNERAL DIRECTOR <i>Mr. Frances G. Hensley</i>		24H. ADDRESS <i>578 W. Biddle St.</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARIE M. MILLER

2. DATE
OF
DEATH

May 8, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 613 S. Clinton St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3210 Fleet St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 29, 1908.

9. AGE (in years,
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew Frazier

14. MOTHER'S MAIDEN NAME

Barbara Reidel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

219-14-0955

17. INFORMANT

ADDRESS

Clifton C. Miller 3210 Fleet St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

CAUSE OF DEATH

left
Sarcoma - psoas areaINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21 6:35 P.M. to 5/8 10:50, that I last saw the
deceased alive on 5/8 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

L. F. Kleines

M. D.

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-12-50.

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

(State)

4430 Belair Rd. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Geiler 901 S. Conkling St.

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PROPERTY

DEBTS

ESTATE

WILLS

TESTAMENTS

INHERITANCE

ADMINISTRATION

EXECUTION

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4305

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM CHARLES COLGAN, Sr.

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1105 S. Paca St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1105 S. Paca St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 14, 1883

9. AGE (In years,
last birthday)

66 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seaman

10B. KIND OF BUSINESS OR INDUSTRY

Merchant Marine

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin C. Colgan

14. MOTHER'S MAIDEN NAME

Frances Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

218-09-1885

17. INFORMANT

Mrs. Katie Gibson

ADDRESS
Box 206
Oxford, Md.

18.

421.4 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Chronic Endocarditis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Intestinal Infection

DUE TO

6 m.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to May 9, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 4:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Kitchner & Sons - Balto Md.

ADDRESS

MAY 11 1950

VS 150

46051

131a

VALLEY
CONGRESS

CLINTON

PORT JAC

U.S.

K-656
50 4306

Kanner

50 4306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Ralph E. Kanner Jr.</u>		2. DATE OF DEATH <u>May 10, 1950</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>37 Mawey Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 9403</u>			
C. Length of stay in Baltimore <u>44</u> Yrs. <u>44</u> Mos. <u>44</u> Days		D. STREET ADDRESS (If rural, give location) <u>755 McEwain Ave.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 29, 1893</u>	9. AGE (In years last birthday) <u>56</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Police Force</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Willis Kanner</u>		14. MOTHER'S MAIDEN NAME <u>Mary Hambricht</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>1-1-1-1-1-1-1-1-1-1</u>		17. INFORMANT <u>Mrs. Jellam</u> ADDRESS <u>Same</u> <u>Deceased</u> <u>M. Kanner (wife)</u>	
18. <u>May 15, 1900 - May 11, 1914</u> <u>153X</u>		CAUSE OF DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Carcinoma testis</u> DUE TO ANTECEDENT CAUSES (B) <u>Carcinoma Sigmoid.</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 9</u> , 19 <u>50</u> , to <u>May 10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 10</u> , 19 <u>50</u> , and that death occurred at <u>2:10</u> A.M., from the causes and on the date stated above.					
23A. SIGNATURE <u>A. Collins Jr.</u>		23B. ADDRESS <u>Mawey Hosp</u>		23C. DATE SIGNED <u>5/10/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 13, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Pk</u>	
24D. LOCATION (City, town, or county) (State) <u>Belt City Md</u>		24E. FUNERAL DIRECTOR <u>A. Ballard</u>		24F. ADDRESS <u>8 Waverly St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 11 1950</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>A. Ballard</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruby Pearl Hummell

2. DATE
OF
DEATH

5-6-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1640 E. Baltimore St.-31

c. Length of stay in Baltimore

8 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

July 21, 1926

9. AGE (In years
last birthday)

23

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Tenn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Bunch

14. MOTHER'S MAIDEN NAME

Emma Bunch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to May 6, 1950, that I last saw the
deceased alive on May 6, 1950 and that death occurred at 4:20 AM, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 11, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oneida Cemetery

24D. LOCATION (City, town, or county)

Oneida, Tenn.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

1217 St. Paul Street

CERTIFICATE OF DEATH

1900

May 10 1900

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

John A. Smith

W-425
50 4308BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4308

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EBERT WILKINSON

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 20, 1901

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months: Days

7 20

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Air Brake Instructor

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R.

13. FATHER'S NAME

Ben H. Wilkinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Mary L. Wilkinson, 1020 Quincey St.
Parkersburg, W. Va.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic heart disease with
obstructive coronary sclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

May 10, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

5/11/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Parkersburg, West Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William Cook, Jr.

ADDRESS

1217 St. Paul Street

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Family Member		14. Signature of Priest		15. Signature of Minister	
16. Signature of Other		17. Signature of Other		18. Signature of Other	
19. Signature of Other		20. Signature of Other		21. Signature of Other	
22. Signature of Other		23. Signature of Other		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4309

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY ELIZABETH REDDING.			2. DATE OF DEATH MAY 10 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2009 WALBROOK AVE.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE CITY. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION NONE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY. 15-04		
c. Length of stay in Baltimore LIFE.			D. STREET ADDRESS (If rural, give location) 2009 WALBROOK AVE.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 23, 1887		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Oliver Winchester			14. MOTHER'S MAIDEN NAME Helena Imhoff		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. Robert M. Redding 2009 Walbrook Ave.		

MEDICAL CERTIFICATION

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE CARDIAC DILITATION MAY 10 1950.		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMIA OF GALL BLADDER FEBRUARY 24.50		_____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. METASTASSIS OF THE LIVER. FEBRUARY 24 1950.		_____
NONE.		_____

19A. DATE OF OPERATION APRIL 6 1950		19B. MAJOR FINDINGS OF OPERATION CARCINOMIA OF GALL BLADDER & LIVER.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from **FEBY 24 1950** to **MAY 10 1950**, that I last saw the deceased alive on **MAY 10 1950**, and that death occurred at **4.30 P.** m., from the causes and on the date stated above.

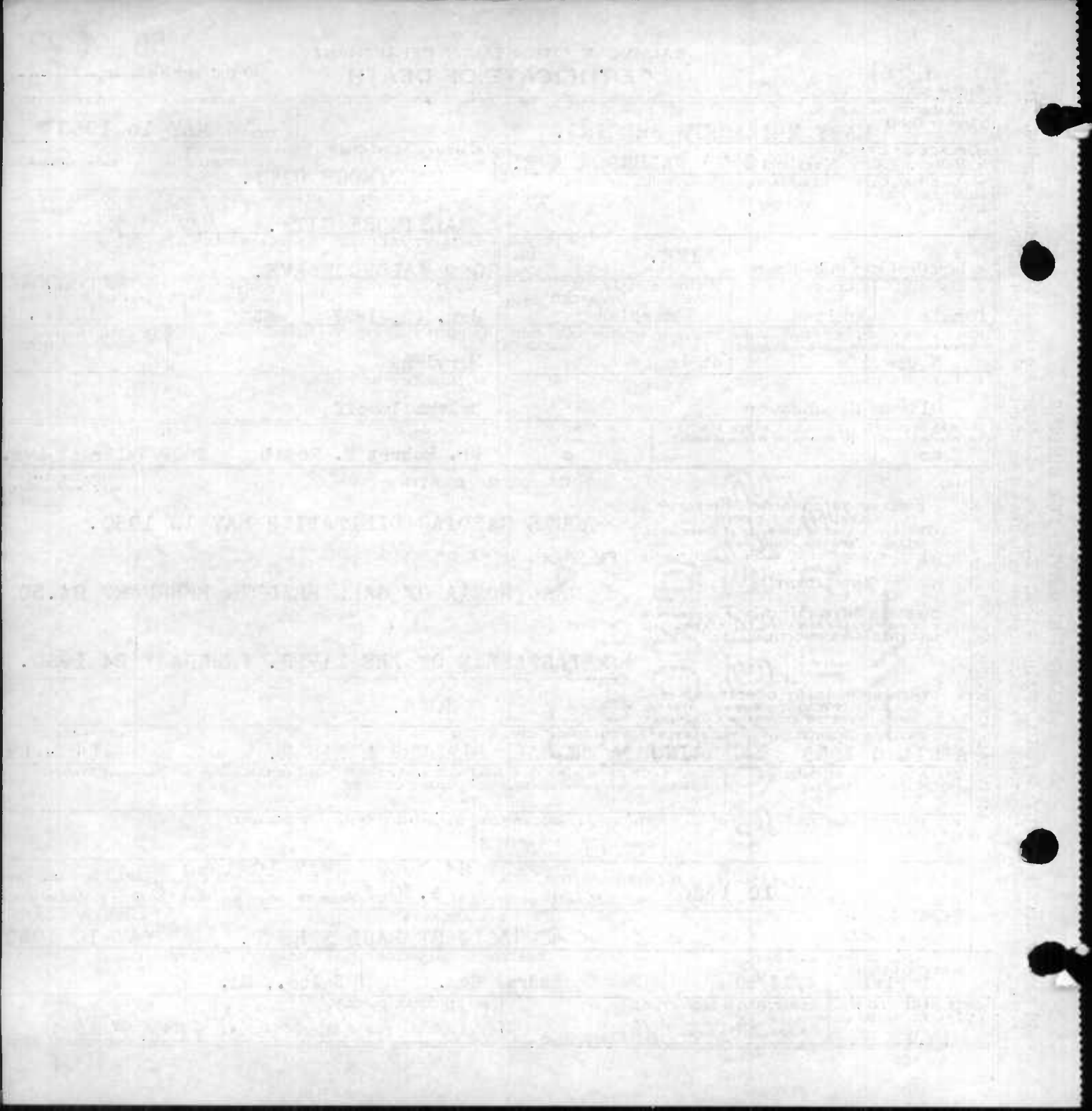
23A. SIGNATURE **Chas. P. Clautice, M.D.** 23B. ADDRESS **3013 ST PAUL STREET.** 23C. DATE SIGNED **MAY 10 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/13/50	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 11 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. J. Pickens & Sons Balto 46F Md.	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4310
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Watson

2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-04

c. Length of stay in Baltimore

4 Yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

419 N. Dunham St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-10-02

9. AGE (in years
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Wilson

14. MOTHER'S MAIDEN NAME

Lillian Chavez

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Cardiac arrest

DUE TO

? Ventricular tachycardia

(B)

DUE TO

Arteriosclerotic
myocarditis

(C)

Syphilis, late latent yrs.

INTERVAL BETWEEN
ONSET AND DEATHSeveral
yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5, 1950, to 5-8, 1950 that I last saw the
deceased alive on 5-8, 1950, and that death occurred at 855 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Evan C. Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/13/1950

24C. NAME OF CEMETERY OR CREMATORY

New Bethel Cem.

24D. LOCATION (City, town, or county)

Tussock Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson

ADDRESS

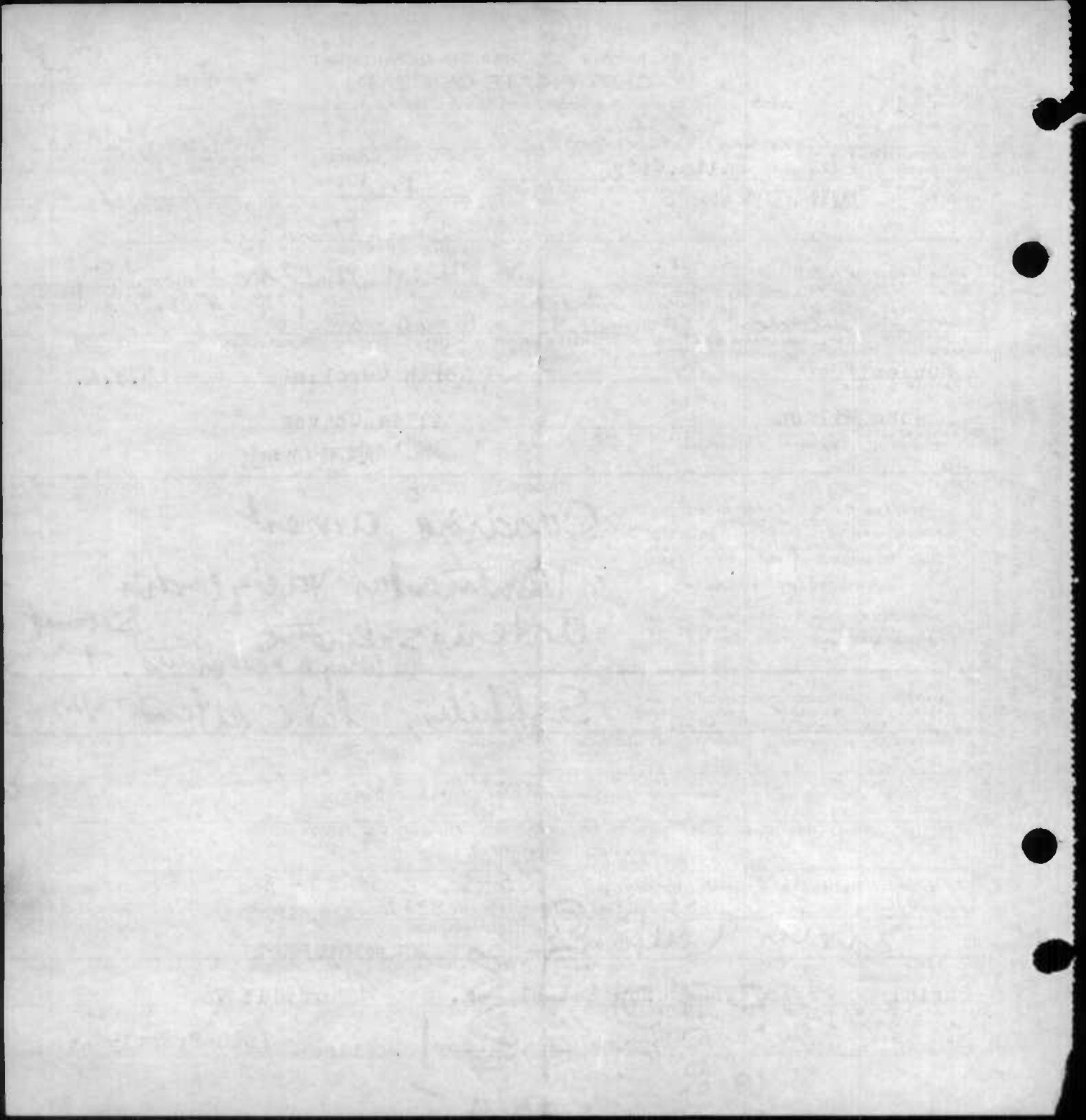
1000 Brantly Ave

VS 150

309

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4311

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Or Dorothy Smothers
*Dorothy Jones*2. DATE
OF
DEATH

MAY 10 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Baltimore Maryland*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Leo Smothers

14. MOTHER'S MAIDEN NAME

*Catharine Martin*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)18. *671X* *292.6* CAUSE OF DEATH(A) *Sickle Cell anemia and*
DUE TO *Circulatory Collapse*INTERVAL BETWEEN
ONSET AND DEATH*20 years*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Placental accreta, pulmonary*
DUE TO *infarcts bilateral and multiple*
(C) *Pneumonia**over*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Hemorrhage post-partum*

19A. DATE OF OPERATION

May 10, 1950

19B. MAJOR FINDINGS OF OPERATION

Placental accreta found at delivery

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-22*, 19*50* to *5-10*, 19*50*, that I last saw the
deceased alive on *5-10*, 19*50* and that death occurred at *3:11* p.m., from the causes and on the date stated above.

23. SIGNATURE

Charles E. Flowers, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*5/10/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

5/13/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cem.

24D. LOCATION (City, town, or county)

*Baltimore Md*DATE RECEIVED BY
LOCAL REGISTRAR*MAY 11 1950*

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

Birth 50-09689-5/10/50.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

50 4312

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George W. Barry

2. DATE
OF
DEATH

5/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3022 Chesapeake Avenue

C. Length of stay in Baltimore

56 yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12-28-93

9. AGE (In years
last birthday)

36

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Certified Public Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel H. Barry

14. MOTHER'S MAIDEN NAME

Blanche Le Brun

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wife

As above

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

acute pulmonary congestive terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic heart disease?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/50 to 5/10/50, that I last saw the
deceased alive on 5/10/50, and that death occurred at 1432 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

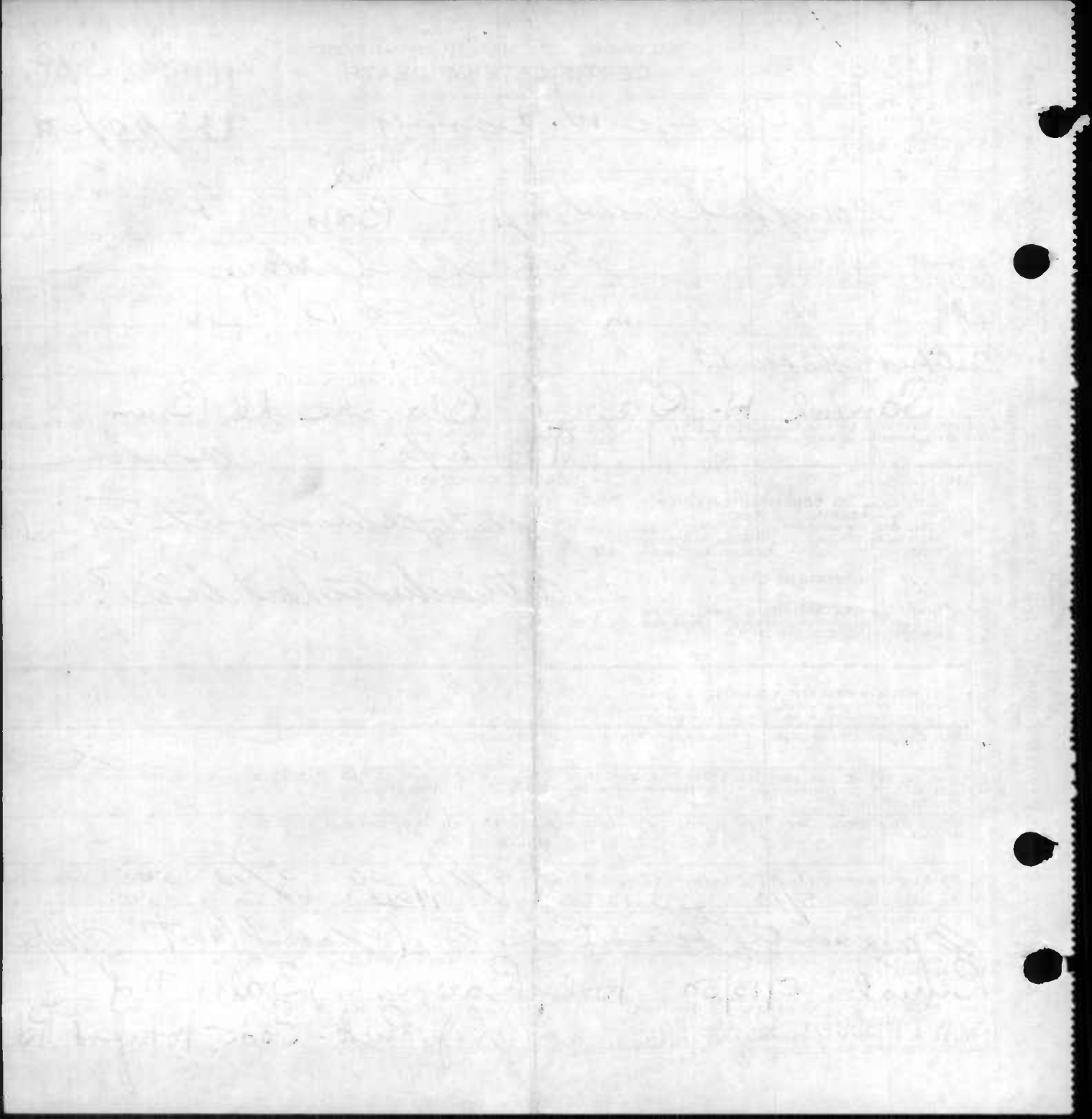
ADDRESS

MAY 11 1950

Huntington Williams, Jr.

L. J. Ruck - 5305

Harford Rd



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

GREEN

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Georgia

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Atlanta

D. STREET ADDRESS (if rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony Green

14. MOTHER'S MAIDEN NAME

Domelia Bilecki

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

1B. EPI 2.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Contusion of brain

DUE TO

ANTECEDENT CAUSES

(B)

Multiple rib fractures

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C) Fracture right tibia & fibula

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Washington Boulevard, 10' S. of Oaknest Inn

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

5/7/50 10:00 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by automobile

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

Autopsy, Inspection or Inquiry

23A. SIGNATURE

H. J. McCafferty

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/13/1950

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Kington, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

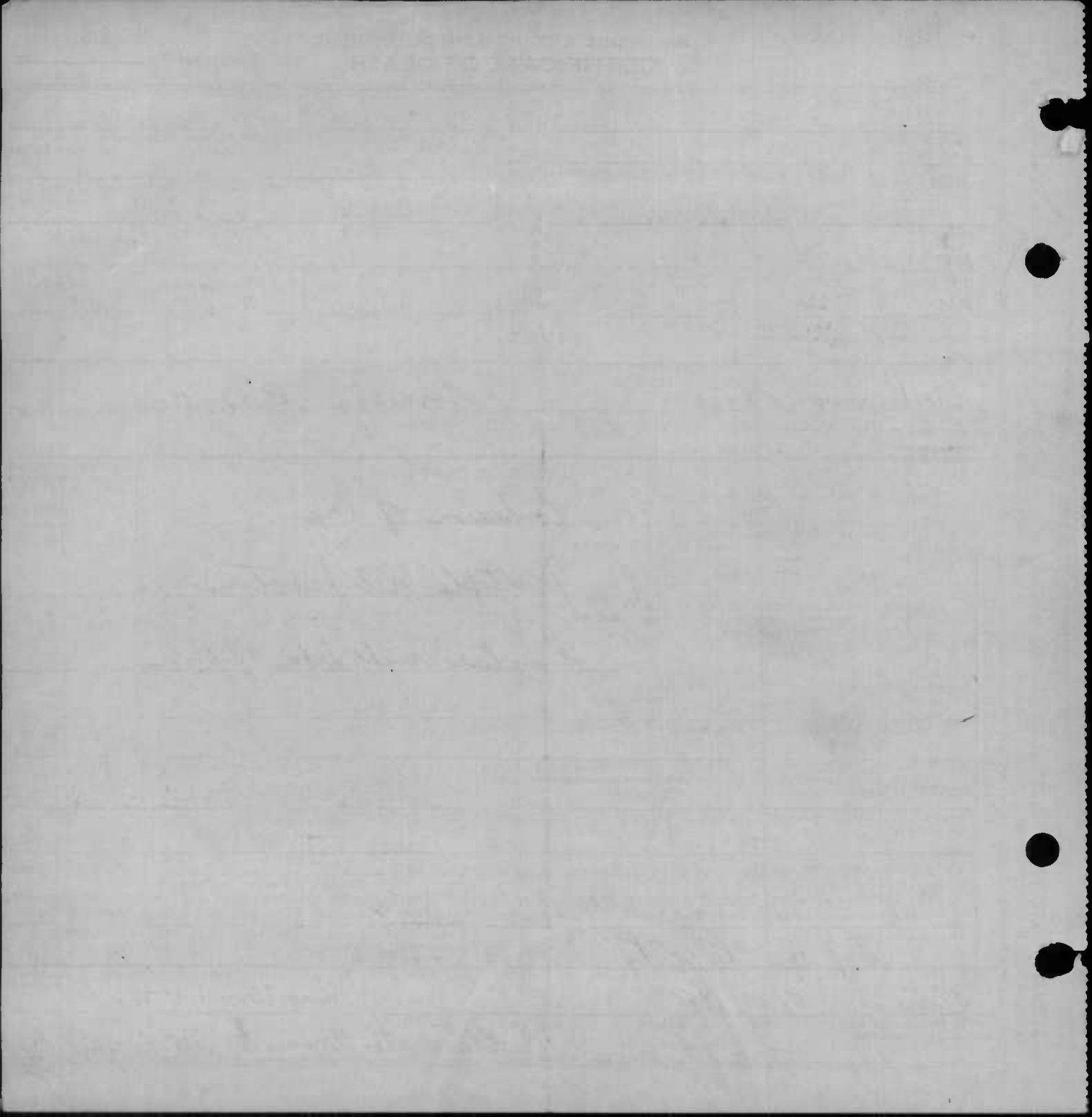
ADDRESS

Ellsworth Amant. 5118 Swymond

VS 151

VS 151
N-819

170C



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert C. Graham, Sr.

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

00 3610 Clifton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3610 Clifton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 1, 1888

9. AGE (in years
last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

water Inspector - Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry Graham

14. MOTHER'S MAIDEN NAME

Amelia Kirkland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edwin Graham, 1318 W. Linwood

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to May 9, 1950, that I last saw the
deceased alive on May 9, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. H. Butterman

M. D.

23B. ADDRESS

2324 Reisterstown Rd

23C. DATE SIGNED

May 10, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1950

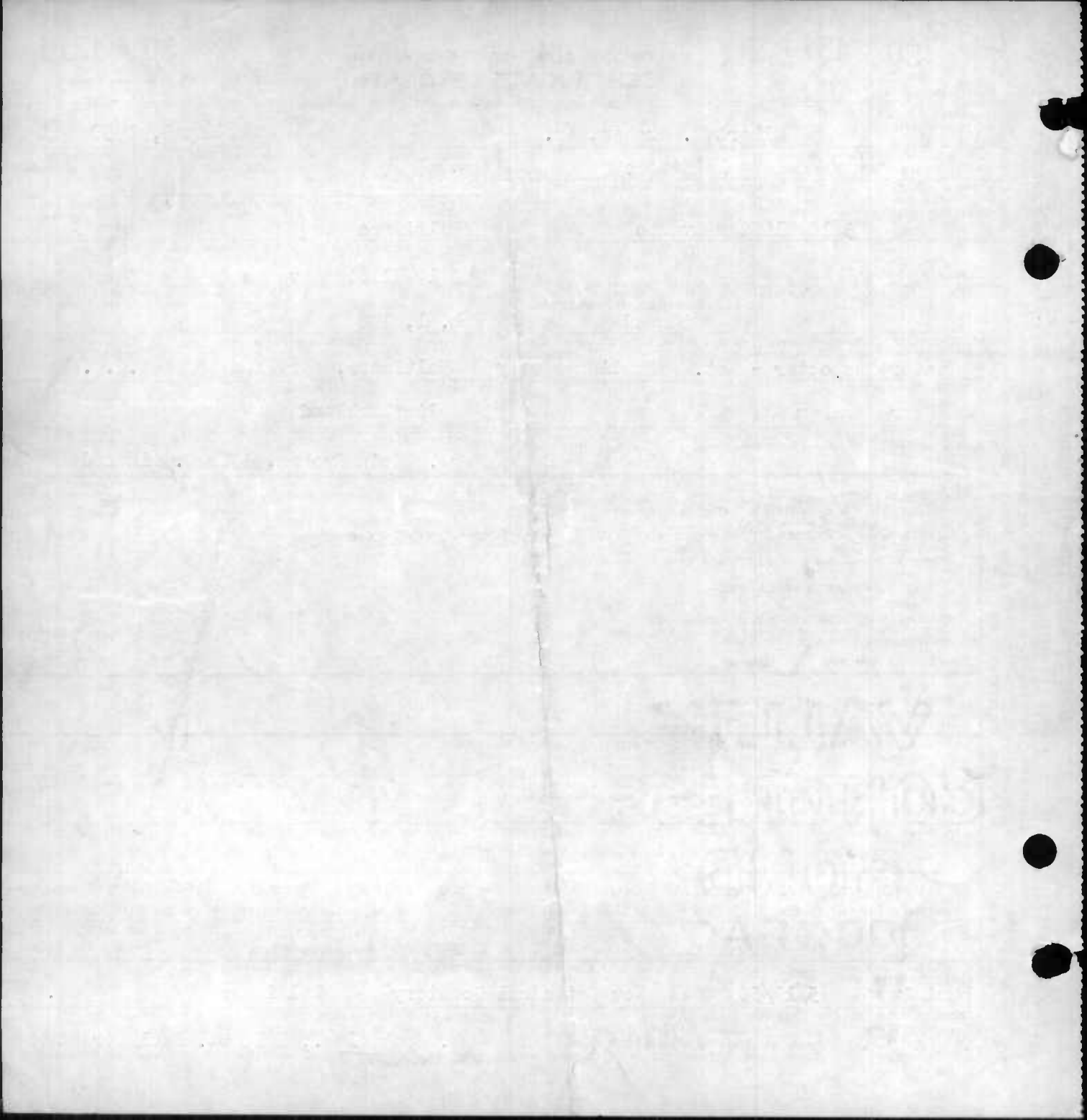
REGISTRAR'S SIGNATURE

T. W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street



D-212
50 4315

50 4315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earl Despeaux

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JONES HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

22 E. Mt Vernon Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cannass Worker

10B. KIND OF BUSINESS OR INDUSTRY

Stevenson

8. DATE OF BIRTH

11-18-03

9. AGE (In years last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Despeaux

14. MOTHER'S MAIDEN NAME

Clara L. Kuhn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

--

16. SOCIAL
SECURITY NO.

212-01-0743

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hemorrhagic Shock

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Post operative Complication

(C)

Blood Dyscrasia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

May 10, 1950

19B. MAJOR FINDINGS OF OPERATION

Duodenal Ulcer

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1950 to 5-10, 1950 that I last saw the deceased alive on 5-10, 1950 and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Denton G. Cooley

M. D.

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

5-11-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Parkville,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

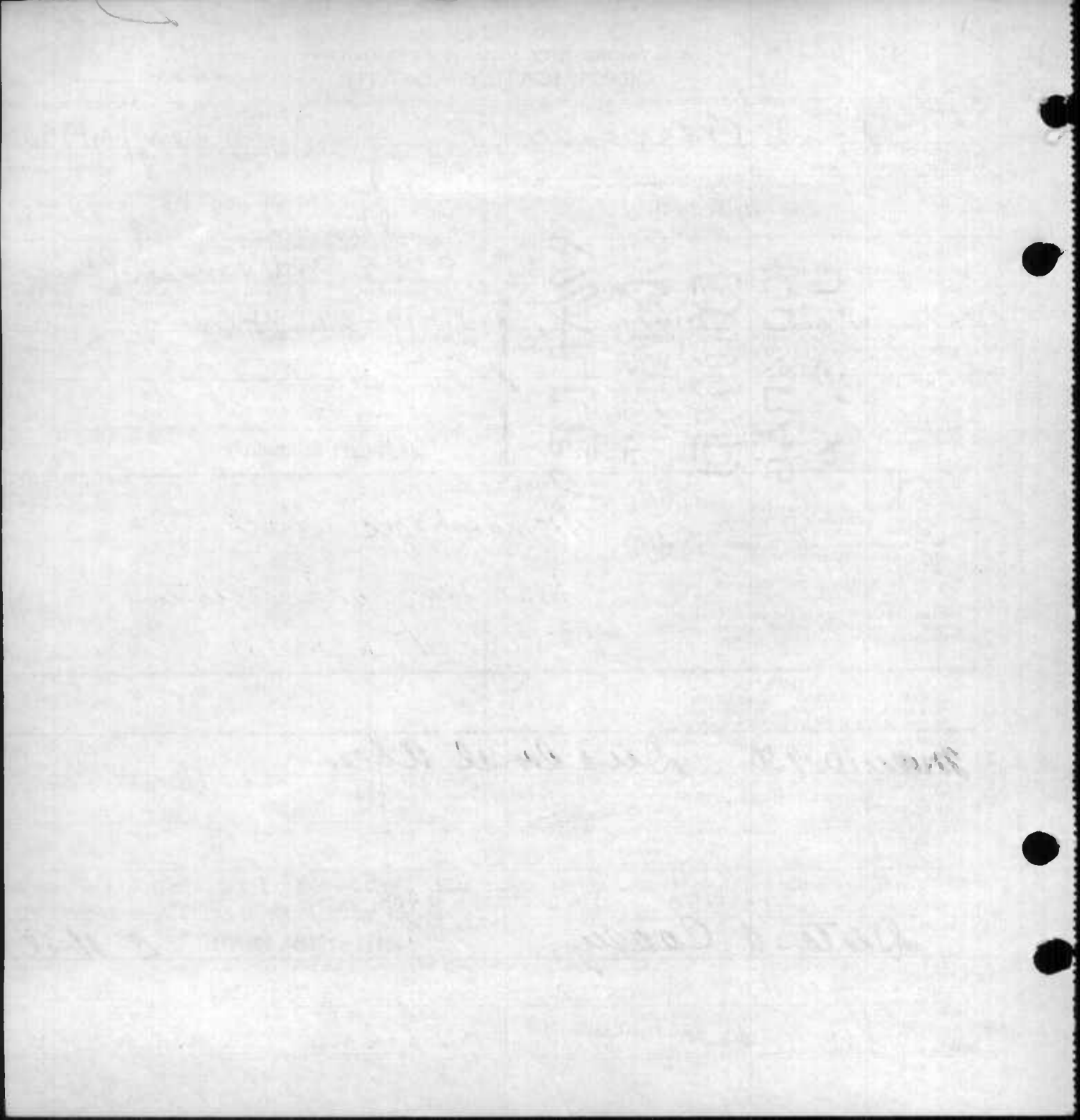
VS 150

496 07

1170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4316 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estelle Scott

2. DATE
OF
DEATH

May 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1012 1/2 Gilmor St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1012 1/2 Gilmor St.

C. Length of stay in Baltimore

lifetime

5. SEX

F.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

B. DATE OF BIRTH

May 7, 1893

9. AGE (In years
last birthday)

57

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Gibson

14. MOTHER'S MAIDEN NAME

Ann Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Edward Gibson

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

myocarditis

DUE TO

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio Sclerosis
Diabetes mellitus

unknown

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19 -, 1948 to 5-8 -, 1950 that I last saw the
deceased alive on 5-7 -, 1950, and that death occurred at 8:30 am., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Stuyvesant St

23C. DATE SIGNED

5-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

May 11 - 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Mt Wm

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 11 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph C. Russ

ADDRESS

1200 McCall St

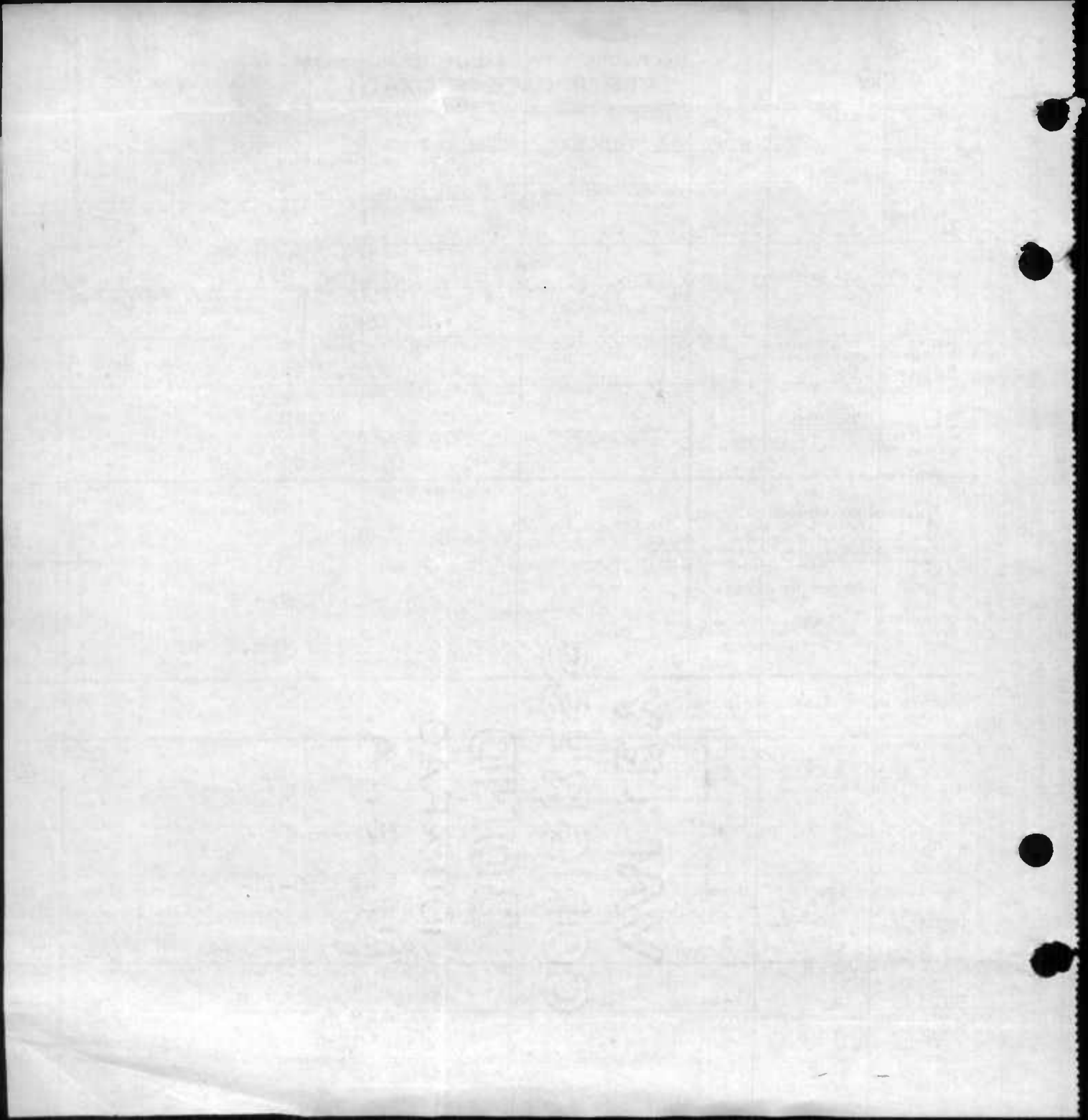
VALLEY
CONCRETE
BOND

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH154X 50 4317
Registered No. 50-4317D-656
50 4317
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary Alverta Drenner</u>			2. DATE OF DEATH <u>May 11, 1950</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3131 Northway Drive</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>3 yrs.</u>			o. STREET ADDRESS (If rural, give location) <u>3131 Northway Drive</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 20, 1886</u>	9. AGE (In years last birthday) <u>63</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Sharpsburg, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Silas Drenner</u>			14. MOTHER'S MAIDEN NAME <u>Mary Jane Domer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Glenn D. Swain</u>		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Late stages of cancer</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Cancer of rectum-abdomen</u>		
(C) <u>Perineal Resection 3 yrs. ago</u>		<u>3 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>Jan., 1947</u>		19B. MAJOR FINDINGS OF OPERATION <u>Adeno-carcinoma of rectum</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. - 19 47</u> to <u>5-11-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-11-</u> , 19 <u>50</u> and that death occurred at <u>11:52 PM</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Edith V. Leaf</u>		23B. ADDRESS <u>618 Medical Arts</u>		23C. DATE SIGNED <u>5/12/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5-15-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Sharpsburg, Maryland</u>		25. FUNERAL DIRECTOR ADDRESS <u>Edith V. Leaf-Williamsport, Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>5-12-50</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			



F-630 50 4318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUSEBIO

ITUARTE

FRADUA

2. DATE
OF
DEATH

April 27, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Harbor off Fort McHenry

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE UNKNOWN B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

58 2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) If yes, give war or dates of service16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

E929.8 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Harbor off Fort McHenry

24/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4/27/50 10:35 A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fround drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

E. L. Roy

23B. CHIEF MEDICAL EXAMINER.....

M.D.

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

4/27/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

(State)

PUBLIC CEMETERY MAY 1 0 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

E. L. Roy

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

VS 151

N 990

XVX 99

183

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

SIGNATURE OF WITNESSES

SIGNATURE OF MINISTER

SIGNATURE OF CLERK

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CORONER

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF STATE

SIGNATURE OF UNION

SIGNATURE OF PEOPLE

SIGNATURE OF NATION

SIGNATURE OF WORLD

SIGNATURE OF UNIVERSE

SIGNATURE OF GOD

SIGNATURE OF SPIRIT

SIGNATURE OF SOUL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Burless Smith

2. DATE
OF
DEATH

May 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

Found at Spring Gardens, 300 ft. from Andre St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 929.81

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Drowning (found drowned)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Found in water

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Found at Spring Gardens, 300 ft. from

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Found May 1, 1950

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

Andre St.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒

23A. SIGNATURE

B. B. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
MEDICAL INVESTIGATOR

23C. DATE SIGNED

May 2, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY, CITY, town, or county (State)

PUBLIC CEMETERY MAY 1 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

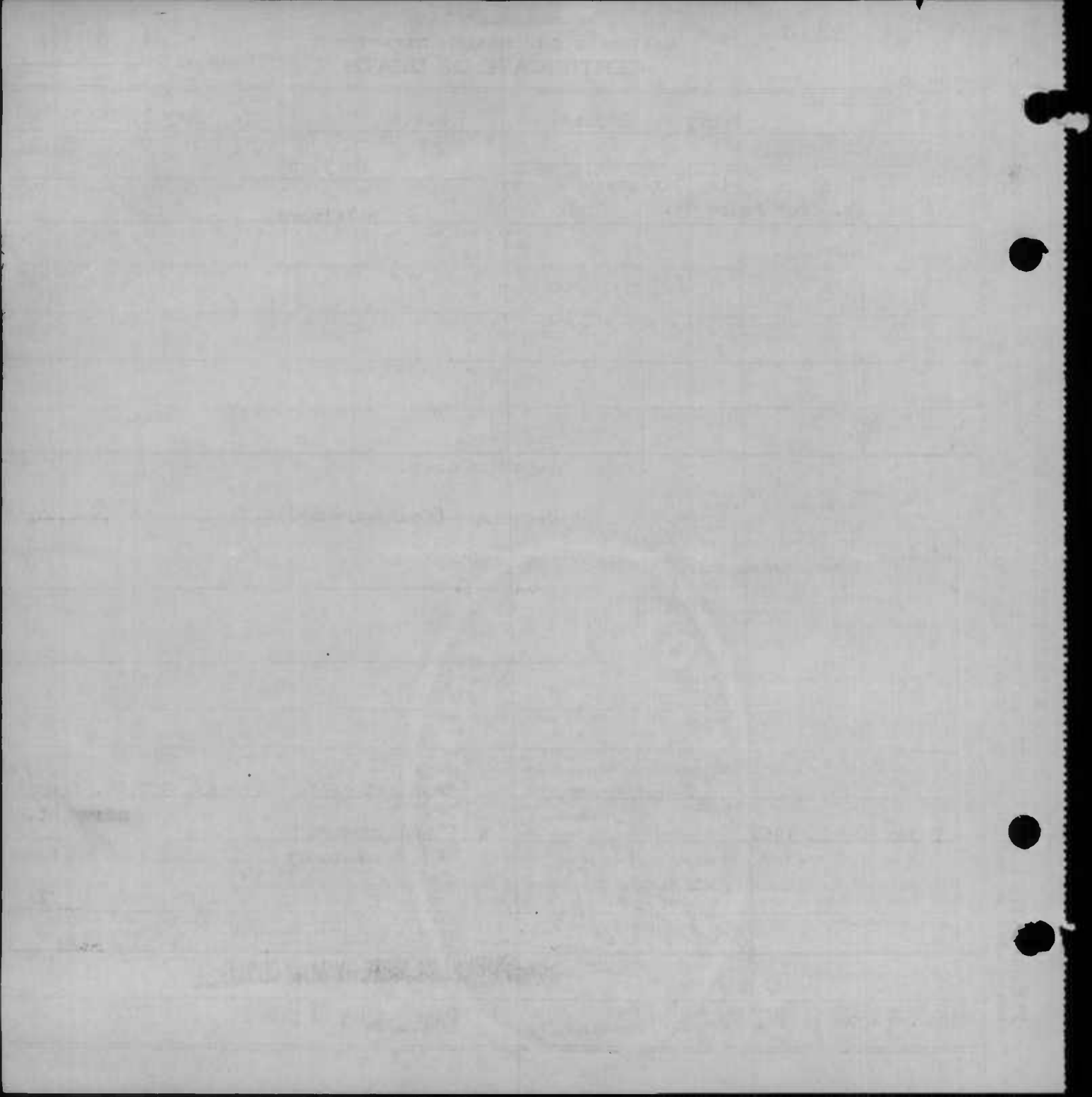
ADDRESS

VS 151

N 990

XVX 99

183



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4320**

BIRTH NO. **50 4320**

1. NAME OF DECEASED (Type or Print) Marcus Nusbaum			2. DATE OF DEATH May 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Shrivers Nursing Home, Hilton St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland		
c. Length of stay in Baltimore 50 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2904 Allendale Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28, 1870	9. AGE (In years last birthday) 80	10. Under 1 Year Months Days 2 13
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance			10B. KIND OF BUSINESS OR INDUSTRY Insurance collector		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Fredie Nusbaum			14. MOTHER'S MAIDEN NAME Barbonet Schleisner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Minnie Nusbaum 2904 Allendale Rd		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Uremia DUE TO (B) Generalized Arterio-Sclerosis DUE TO (C) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 2 mo. 10 yrs. 3 yrs.
---	---	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 1944 , to 5-11 , 1950, that I last saw the deceased alive on 5-10 , 1950, and that death occurred at 6 am , from the causes and on the date stated above.					
23A. SIGNATURE Isidorus Herberman M.D.		23B. ADDRESS 2424 Eutaw Place		23C. DATE SIGNED 5-11-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 12, 1950		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR'S ADDRESS 1902 Eutaw Pl			
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1950		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the owner of the following described land, to-wit:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4321
Registered No.

BIRTH NO. 50-05331

1. NAME OF DECEASED (Type or Print) ARLENE JACKSON		2. DATE OF DEATH April 25, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2419 Stockton Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	9. AGE (In years last birthday) 6 weeks If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME N O		14. MOTHER'S MAIDEN NAME O	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) W (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N	
17. INFORMANT		ADDRESS	

18. 391.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute otitis media DUE TO (A) Acute otitis media (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE R S Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 4/28/50
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county)		(State)

DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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89a ✓



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4322
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **THOMAS CHAPMAN**

2. DATE OF DEATH **May 1, 1950**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1302 Myrtle Avenue

C. Length of stay in Baltimore

5. SEX
male

6. COLOR OR RACE
colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
U

B. DATE OF BIRTH
U

9. AGE (In years last birthday)
54

10 Under 1 Year
Months: Days: Hours: Min.

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
K

11. BIRTH PLACE (State or foreign country)
N

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
N

14. MOTHER'S MAIDEN NAME
N

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
N

17. INFORMANT
N

ADDRESS

1B. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
May 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1950

Huntington Williams, M.D.

Commissioner of Health

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4323

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Katherine W. Miros2. DATE
OF
DEATHMay 9 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2015 Ramblewood Road4. USUAL RESIDENCE (Where deceased lived, or institution: residence
STATE B. COUNTY before admission)Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2015 Ramblewood Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore27-08A

D. STREET ADDRESS (If rural, give location)

2015 Ramblewood Road

c. Length of stay in Baltimore

43 YearsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

April 5 1864

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

86

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

AnthonyWyrobek

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

220-01-6891A

17. INFORMANT

ADDRESS 201518. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Chronic myocarditisDUE TO Arteriosclerosis1 yr.
1 yr.
+

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Obesity + Seminality

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2 1950 to May 9 1950, that I last saw the deceased alive on May 9 1950, and that death occurred at 1230 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. S. Leary

23B. ADDRESS

426 S. Potters Park Ave

23C. DATE SIGNED

5/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BurialMay 13 1950Italy Rosary Cem.Baltimore County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1950Huntington Williams, M.D.John W. Weber401 S. Chester St.

93D

UNITED STATES OF AMERICA

Respectfully,
W. H. H. H.

Respectfully,
W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

W. H. H. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4324

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

HAGEN

2. DATE
OF
DEATH

May 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

612 E. Pratt Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years
last birthday)

52?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage, right

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

5/4/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 10 1950

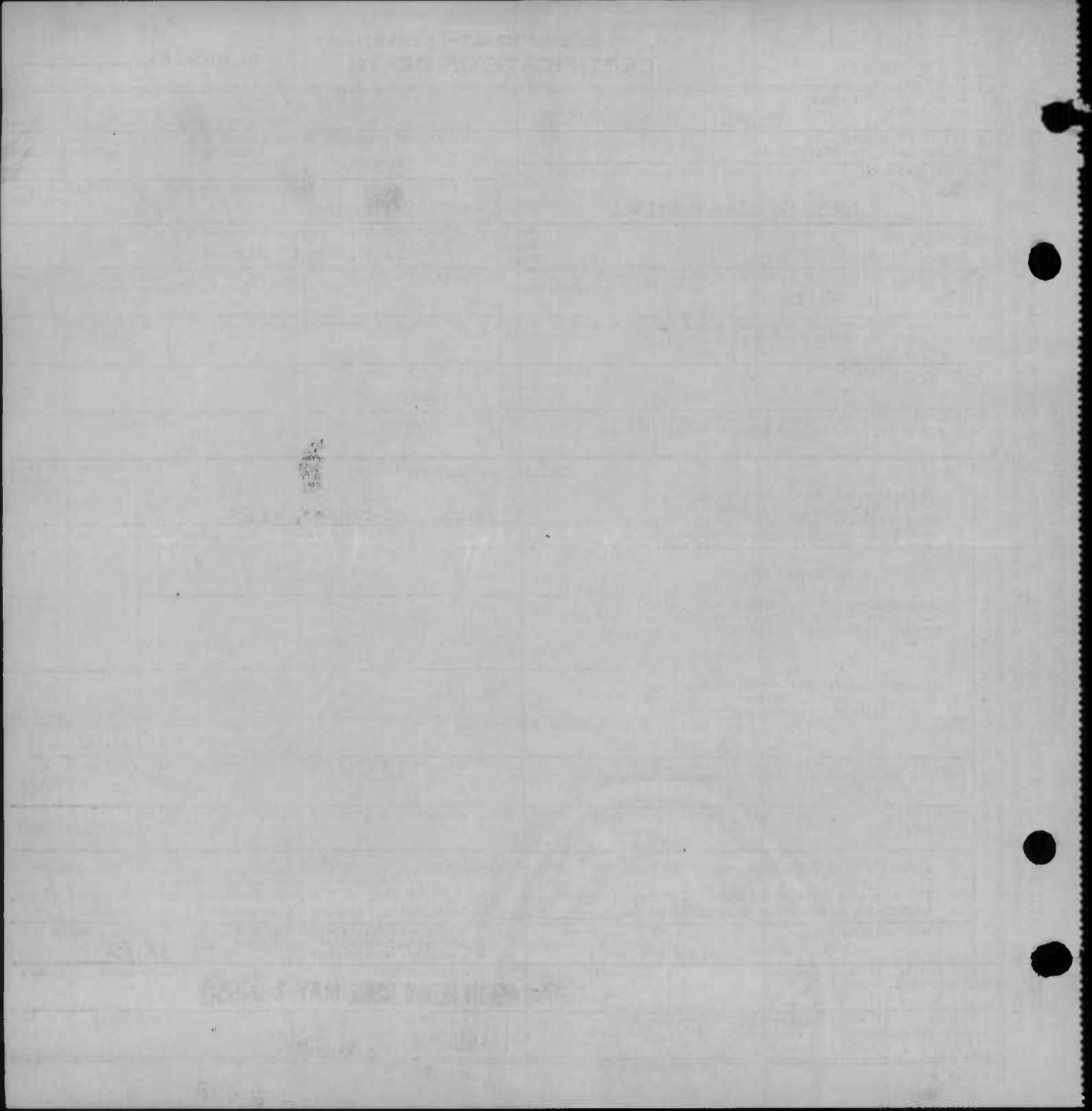
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health



M-420 50 4325

Mulcahy

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4325
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Mulcahy

2. DATE
OF
DEATH

April 29, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)
846 W. Fayette St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18-01

D. STREET ADDRESS (If rural, give location)

846 W. Fayette St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

W

6. COLOR OR RACE

M

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years,
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

O

14. MOTHER'S MAIDEN NAME

N

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W

N

16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18.

422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Acute Cardiac Dilatation

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cardio-vascular Disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948 to Mar 15, 1950 that I last saw the
deceased alive on Mar 15 1950 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Glassman

23B. ADDRESS

253 W. Fayette St

23C. DATE SIGNED

May 2-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL MAY 1 0 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

of 1950

of 1950

846 30 4-10-50

be
id
les

Gen. - ...
Gen. - ...

RECEIVED

MAY 9 1950

723 W. ...
of 1950

Official ...

...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-09208

1. NAME OF DECEASED
(Type or Print)

Baby Roy Middleton

2. DATE
OF DEATH May 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1467 Woodall St. # 20

c. Length of stay in Baltimore

3 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

May 3, 1950

9. AGE (In years last birthday)

10 Under 1 Year Months: Days: 23

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Calvin Clarence Middleton

14. MOTHER'S MAIDEN NAME

Margaret Elizabeth Weiland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS # 20
Mrs Margaret Middleton, 1467 Woodall St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Prematurity (33 weeks)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1950 to May 5, 1950 that I last saw the deceased alive on May 5, 1950 and that death occurred at 8:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the owner of the following described land, to-wit:

MARGIN RESERVED FOR BINDING

G. 625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

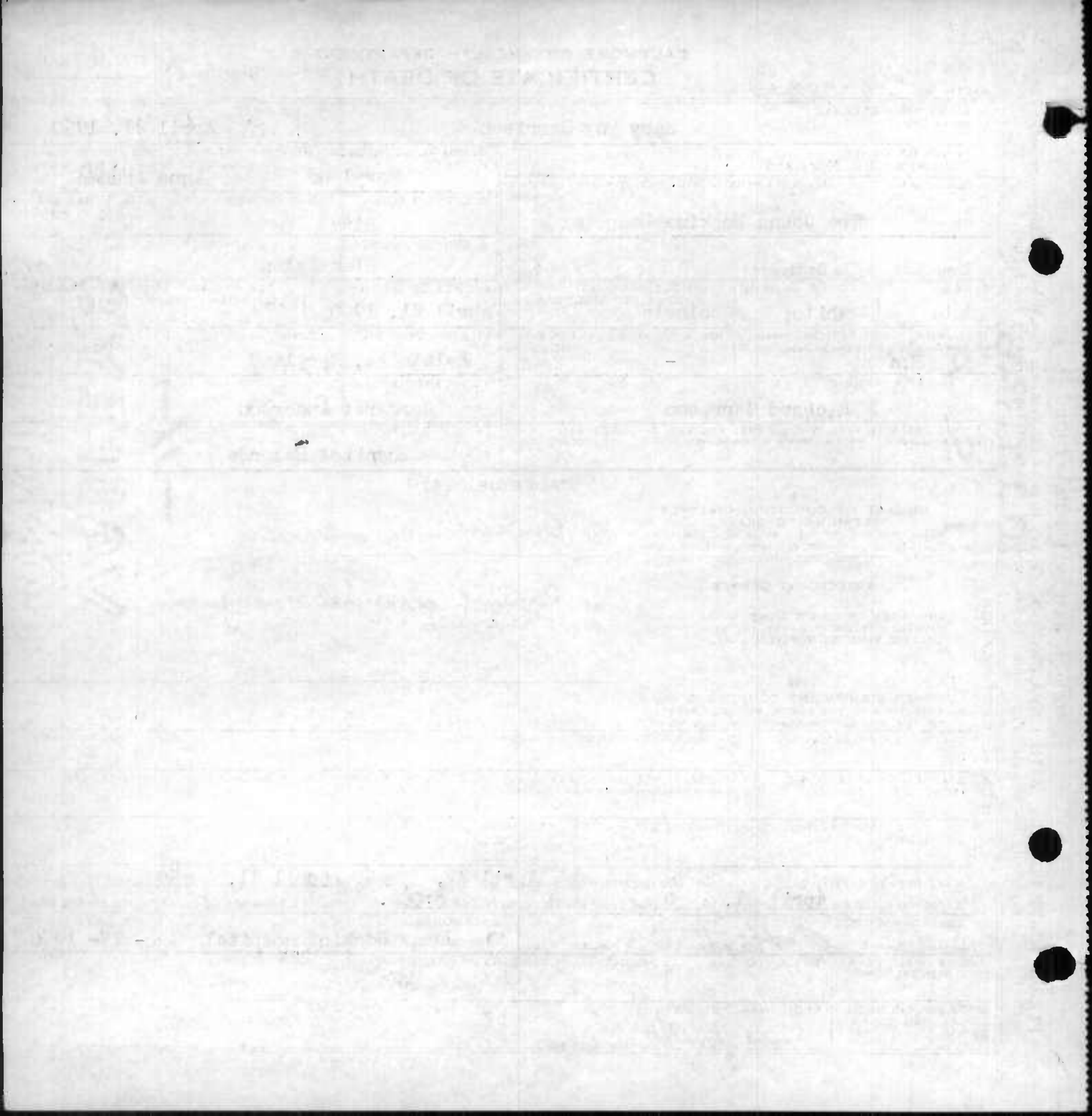
50 4327
Registered No.

BIRTH NO. 50-08313

1. NAME OF DECEASED (Type or Print) Baby Boy Garrison			2. DATE OF DEATH April 21, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riva 5200		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Glen Isles		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 21, 1950	9. AGE (In years last birthday) 1	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? 1
13. FATHER'S NAME Richard Garrison			14. MOTHER'S MAIDEN NAME Margaret Anderson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

MEDICAL CERTIFICATION	18. 761.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anoxia DUE TO	INTERVAL BETWEEN ONSET AND DEATH 50 minutes
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture placental marginal sinus DUE TO	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 21, 1950 to April 21, 1950 , that I last saw the deceased alive on April 21, 1950 , and that death occurred at 8:00A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William L. Hartmann M.D.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 4-25-1950	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hosp. Disposal	
24D. LOCATION (City, town, or county) (State) HOSPITAL DISPOSAL		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1950		REGISTRAR'S SIGNATURE Wm. L. Hartmann		25. FUNERAL DIRECTOR ADDRESS	



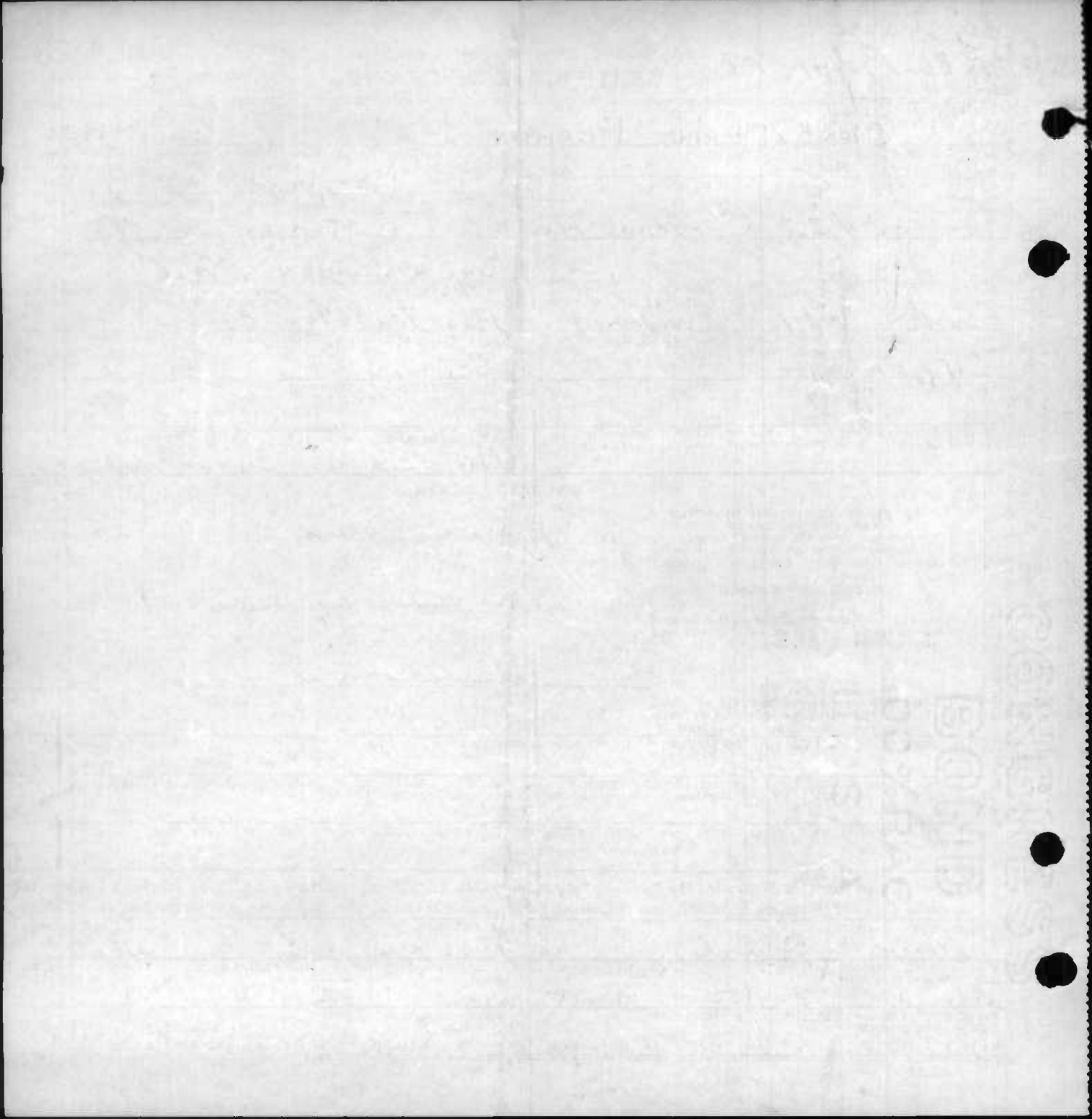
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 4328
Registered No.

1. NAME OF DECEASED (Type or Print) (C) OR KATHERINE HERMAN		2. DATE OF DEATH May 10-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3432 Cardenas Ave		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3432 Cardenas Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 7-1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Marie Sauter		ADDRESS 3432 Cardenas	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema CAUSE OF DEATH (A) Pulmonary Edema DUE TO INTERVAL BETWEEN ONSET AND DEATH 2 days			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio - Vascular Hypertensive Disease (B) Cardio - Vascular Hypertensive Disease DUE TO 1 year			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis (C) Arteriosclerosis 1 year			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 13 , 19 50 , to May 10 , 19 50 , that I last saw the deceased alive on May 10 , 19 50 , and that death occurred at 7:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Michael J. Dausch		23B. ADDRESS M. O. 4636 Belair Road	23C. DATE SIGNED 5/11/50
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5/13/50	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1950	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Hartford Rd.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4329

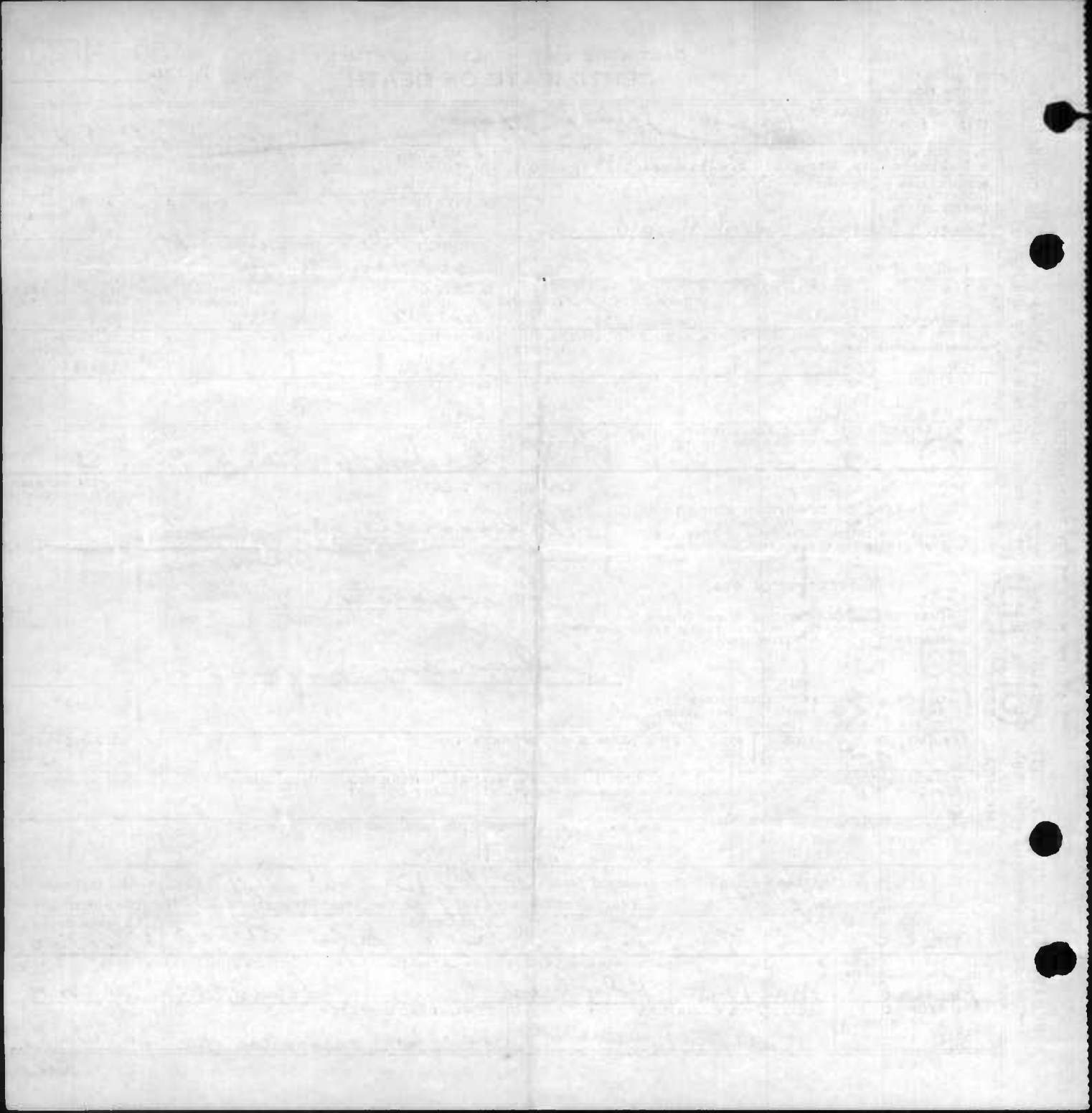
BIRTH NO. 50 4329

1. NAME OF DECEASED (Type or Print) MARY M. KUHLE			2. DATE OF DEATH 5-11-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 43 Yrs. 55 Mos. 55 Days			D. STREET ADDRESS (If rural, give location) 825 S. Paca Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Sept. 19		9. AGE (In years, last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME August Rokos			14. MOTHER'S MAIDEN NAME Anna		12. CITIZEN OF WHAT COUNTRY? Yes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ocknowa) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT E. Smith		
			ADDRESS 825 S. Paca St		

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congestive failure		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary infection		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/10/50 , to 5/11/50 , 19 50 , that I last saw the deceased alive on 5/11/50 , and that death occurred at 1 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Haig D. Yagerjian		23B. ADDRESS 1213 8th Street		23C. DATE SIGNED 5/11/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 14-50		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem	
24D. LOCATION (City, town, or county) (State) Arundel County Md		25. FUNERAL DIRECTOR Joseph Kasunkas Inc. 602 Wash.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1950		REGISTRAR'S SIGNATURE Haig D. Yagerjian			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4330

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles L. Cook

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1902 n. Fulton ave

Balto

D. STREET ADDRESS (If rural, give location)

1902 n. Fulton ave

c. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Nov 1, 1879

9. AGE (In years,
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Agriculture

11. BIRTHPLACE (State or foreign country)

m

12. CITIZEN OF
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

Oliver T. Cook

14. MOTHER'S MAIDEN NAME

Sarah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Cook 1902 n. Fulton ave

18.

151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of stomach

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Secondary Anemia

2 mos

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1949 to May 11, 1950, that I last saw the
deceased alive on May 11, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Thos. B. Phillips

M. D.

23b. ADDRESS

1543 Penna. Ave

23c. DATE SIGNED

5/12/50

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24b. DATE

5/13/50

24c. NAME OF CEMETERY OR CREMATORY

Cooksville

24d. LOCATION (City, town, or county)

Cooksville, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. H. Nelson 1303 Proctor Ave

General 5/19/53
Cochran
Hon. W. Nelson 7503
Cochran, Ind.
14

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4331
Registered No. _____

1. NAME OF DECEASED
(Type or Print)

HATTIE PASS

2. DATE OF DEATH

5-11-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3820 Balloway Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3820 Balloway Ave

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

6-8-88

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham Lemler

14. MOTHER'S MAIDEN NAME

Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Abraham Lemler 3820 Balloway Ave

ADDRESS

18.

170 X I

CAUSE OF DEATH

Carcinoma of Breast

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1947* to *5/11*, 19*50*, that I last saw the deceased alive on *5/11*, 19*50*, and that death occurred at *12:30* m., from the causes and on the date stated above.

23A. SIGNATURE

Edward S. Kleeing

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

5/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5-12-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewicki 2100 Catard Pl

ADDRESS

VS 150

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kallman
1847 W North Ave
8/11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4332
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH MICHAL

2. DATE
OF
DEATH

5/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

SINAI HOSPITAL OF BALTO., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7-02

D. STREET ADDRESS (If rural, give location)

2616 Ashland Avenue

c. Length of stay in Baltimore

65 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

widowed

8. DATE OF BIRTH

July 20, 1867

9. AGE (In years

last birthday)

82

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

no

13. FATHER'S NAME

Andrew Novacek

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Pick, dght, 2616 Ashland Ave.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardiac Failure

8 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic heart disease

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Lobar pneumonia

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 22, 1950, to May 11, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Rudolph

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Horner's Lane, Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

B-450

50 4333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4333
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary P. Bellomo

2. DATE
OF
DEATH

May 10 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2631 Barclay St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2631 Barclay St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

25 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 29 1885

9. AGE (In years,
last birthday)

64

10 Under 1 Year
Months Days

10 11

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Calascibetta Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Filippo Docolo

14. MOTHER'S MAIDEN NAME

Carmela Pecora

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Amelia Bellomo

2631 Barclay St.

18. 260 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arteriosclerosis

2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

chronic myocarditis

2 years

DUE TO

(C)

diabetes mellitus

2 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10³⁵, to May 10, 1950 that I last saw the
deceased alive on May 9, 1950 and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene H. Mortimer Jr.

M. D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

May 11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 13 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd. Balt. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Croce 322 S. High St.

MAY 12 1950

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Sies

50 4334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4334

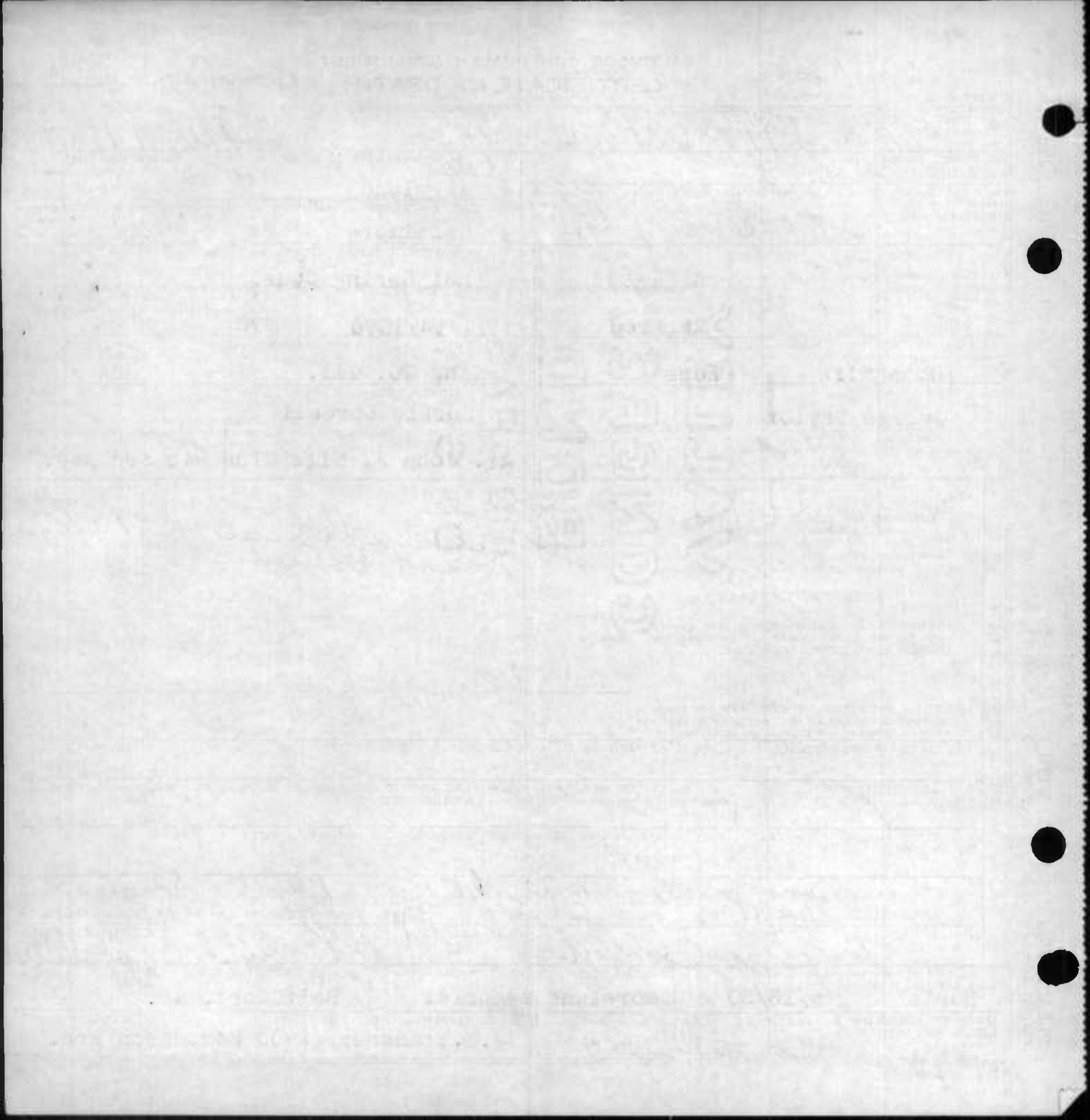
BIRTH NO.		1. NAME OF DECEASED (Type or print) <i>Elizabeth J. Sies.</i>		2. DATE OF DEATH <i>May 11, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>281 Spring Court</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>281 Spring Ct.</i>		5. AGE (In years, last birthday) <i>73</i>			
c. Length of stay in Baltimore <i>Life</i>		8. DATE OF BIRTH <i>11/14/1876</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	9. AGE (In years, last birthday) <i>73</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Kane CO. Ill.</i>	
13. FATHER'S NAME <i>George Taylor</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT ADDRESS <i>Mr. John E. Nitz 5109 Richard Ave.</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerosis</i> <i>Heart Disease</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 10, 1950</i> , to <i>May 11, 1950</i> , that I last saw the deceased alive on <i>May 11, 1950</i> , and that death occurred at <i>3:30 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Shannon L. Shunk</i>		23B. ADDRESS <i>431 N Kenilworth</i>		23C. DATE SIGNED <i>May 11, 1950</i>	
24A. BURIAL CEMETERY (Specify) <i>Burial</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>J.T. Stansbury 2700 Edmondson Ave.</i>	

MAY 12 1950

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4335

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE

PARKER

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

523 - Philaski St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 8 / 1892

9. AGE (in years
last birthday)

63 58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

W.A. C.

13. FATHER'S NAME

Samuel Simpson

14. MOTHER'S MAIDEN NAME

Mamie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, how and when) (If yes, give war or date of service)

no

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

Harry Hennis - 523 - Philaski

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

EXACT with myocardial insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

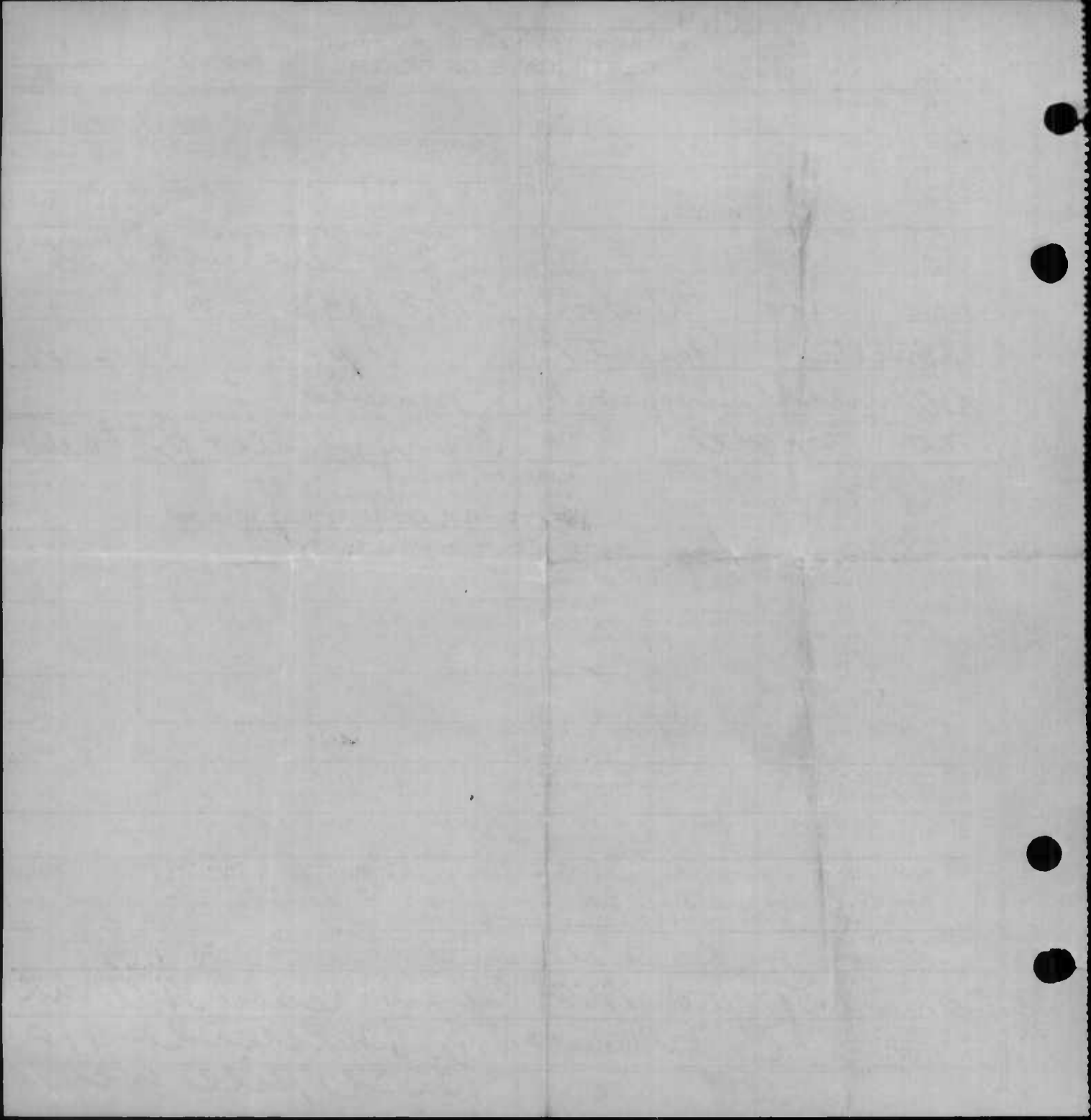
Livingston Williams, M.D.

25. FUNERAL DIRECTOR

A. Halstead - 918 -

VS 151

52086 David Hill Ave 931



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4336

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary D. Hopper

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Georgia

V-09

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

UNION Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Nashville

c. Length of stay in Baltimore

2

D. STREET ADDRESS (If rural, give location)

1008 South Henrietta St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 18, 1862

9. AGE (In years
last birthday)

88

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

United States

13. FATHER'S NAME

S. Griffith Davis

14. MOTHER'S MAIDEN NAME

Annie Hollister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances D. Brunway 4100 Brunway

Baltimore, Md.

18.

150X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the esophagus

DUE TO

5 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 7, 1950, to May 12, 1950, that I last saw the
deceased alive on May 12, 1950, and that death occurred at 4:09 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. F. Cox 3rd

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

5/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REAMES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 4337

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sara Reames

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

South Carolina

B. COUNTY

V-37

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1713 Nathan Parkway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bishopville, S.C.

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 11, 1945

9. AGE (In years last birthday)

4

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bishopville, S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rembert C. Reames

14. MOTHER'S MAIDEN NAME

Essie Galloway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rembert C. Reames Bishopville, S.C.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pericarditis

3 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Nephritis

3 1/2 yr.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1947, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harriet E. Gould

M. D.

23B. ADDRESS

Johns Hopkins Hospital

23C. DATE SIGNED

5/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Shipment

24B. DATE

5/12/50

24C. NAME OF CEMETERY OR CREMATORY

Bethlehem Methodist

24D. LOCATION (City, town, or county)

Bishopville, S.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

Wahaton B. Mitchell

UNITED STATES DEPARTMENT OF JUSTICE

JOHN EDGAR HOOVER

Director, U.S.A.

AUG 11, 1936

Memorandum

Special Agent

Robert C. Hoover, Director, U.S.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4338
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Bennett

2. DATE
OF
DEATH

May 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1759 E. Preston St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1759 E. Preston St

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

18-07

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Black

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 21, 1902

9. AGE (In years, last birthday)

47

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEEL INDUSTRY

10B. KIND OF BUSINESS OR

STEEL INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wadesboro NC

12. CITIZEN OF

WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Richard Bennett St

14. MOTHER'S MAIDEN NAME

Tamar McCommick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

243-07-8314

17. INFORMANT

Annice Bennett 1759 E. Preston St

ADDRESS

18.

442X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

8 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10/49, 19, to 5/9/50, 19, that I last saw the deceased alive on 5/9/50, 19, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

150 EAST MADISON ST. BALTIMORE, M.D.

23B. ADDRESS

23C. DATE SIGNED

5-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

McCalary Cemetery

24D. LOCATION (City, town, or county)

AA Co Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

15-15 McCalary

ADDRESS

131a

VS 150

98829

STATE OF TEXAS
CERTIFICATE OF DEATH

County of _____ State of _____
I, _____, County Clerk, do hereby certify that _____
of the County of _____ State of _____
was born _____ at _____
and died _____ at _____
leaving _____ surviving issue.

Witness my hand and the seal of said County at _____
this _____ day of _____ 19____.

County Clerk

Deputy County Clerk

Attorney at Law

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4339

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George F. Hoffman

2. DATE
OF
DEATH

5-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rogers Forge

5300

D. STREET ADDRESS (If rural, give location)

321 Murdock Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 13, 1882

9. AGE (In years
last birthday)

67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sales Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Jobbers - (wholesale) auto parts

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. Leonard Hoffman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-03-9650

17. INFORMANT

ADDRESS

Mrs. George F. Hoffman 321 Murdock Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11, 1950, to 5-11, 1950, that I last saw the deceased alive on 5-11, 1950, and that death occurred at 9:23 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marcell F. Nelson

23B. ADDRESS

Union Mem. Hosp.

23C. DATE SIGNED

5-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons, Balto. Md.

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4340

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Marian Jane Gardner*2. DATE
OF
DEATH*May 11, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *5311 Ethelbert Ave*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6. STREET ADDRESS (If rural, give location)

5311 Ethelbert Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John Gardner 5311 Ethelbert Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH*unknown**Chronic Mitral Endocarditis**unknown**Advanced age*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 19*49*, to *May 11*, 1950, that I last saw the deceased alive *May 9*, 1950 and that death occurred at *1:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 12 1950

*William Williams, M.D.**Loring Myers 5025 Pk. Hyatt Ave*

VS 150

92 B

WATLEY
CONGRESS
BOND
1000000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4341

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAWES
Helene Hawes Porter

2. DATE
OF
DEATH

5-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lafayette & John
Hospital for Women of Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland
Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Phoenix
(Beelito)

D. STREET ADDRESS (If rural, give location)

Levittsville Road

C. Length of stay in Baltimore

3

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-9-72

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John B. Hawes

14. MOTHER'S MAIDEN NAME

Florence Goodman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO
NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. H. W. Abell II - Phoenix Md.

18.

153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Penetrating Carcinomatous*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma of Large Bowel*

DUE TO

1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Hypertensive Cardio Vascular Dis.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 13*, 19*50*, to *May 11*, 19*50*, that I last saw the deceased alive on *May 11*, 19*50*, and that death occurred at *8:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Smith, Jr.

M. D.

23B. ADDRESS

Wing. 70 Women & Md. Balt. Md.

23C. DATE SIGNED

5-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. *Cremation*

24B. *May-13-50*

24C. *Rosedale - H. W. Abell - New Jersey -*

24A. *RECEIVED BY LOCAL REGISTRAR*

24B. *REGISTRAR'S SIGNATURE*

24C. *FUNERAL DIRECTOR*

24D. *ADDRESS*
MAY 12 1950
William Williams, M.D.
Sheward Morris - Balt.

CERTIFICATE OF DEATH

1912

John William Smith
(Child)
born 10/10/1898

1912

Infant

John William Smith

Witness my hand and seal this 10th day of October 1912

S-462
50 4342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4342

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH- SILWRIGHT.

2. DATE
OF
DEATH

May-11-1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

419-HAZLETT-AVE.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give town name)

Baltimore.

D. STREET ADDRESS (If rural, give location)

419-Hazlett Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single.

8. DATE OF BIRTH

Sept. 11-1868

9. AGE (in years;

last birthday)

81

10. Under 1 Year

Months; Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Keeper.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home.

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. H. Silwright.

14. MOTHER'S MARDEN NAME

Mary J. McKee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

No.

17. INFORMANT

Miss Ethel B. Anderson - 419-Hazlett-Ave.

ADDRESS

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

10 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) General Arterio Sclerosis
to Hypertension

6 Months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1950, to 5/11, 1950, that I last saw the deceased alive on 5/11, 1950, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

22A. SIGNATURE

Elmer W. Schumacher

M. O.

22B. ADDRESS

6000 N. 4th Ave

22C. DATE SIGNED

5/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial.

24B. DATE

May-13/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles J. Schwalb, - 3512-Fredrick-Ave

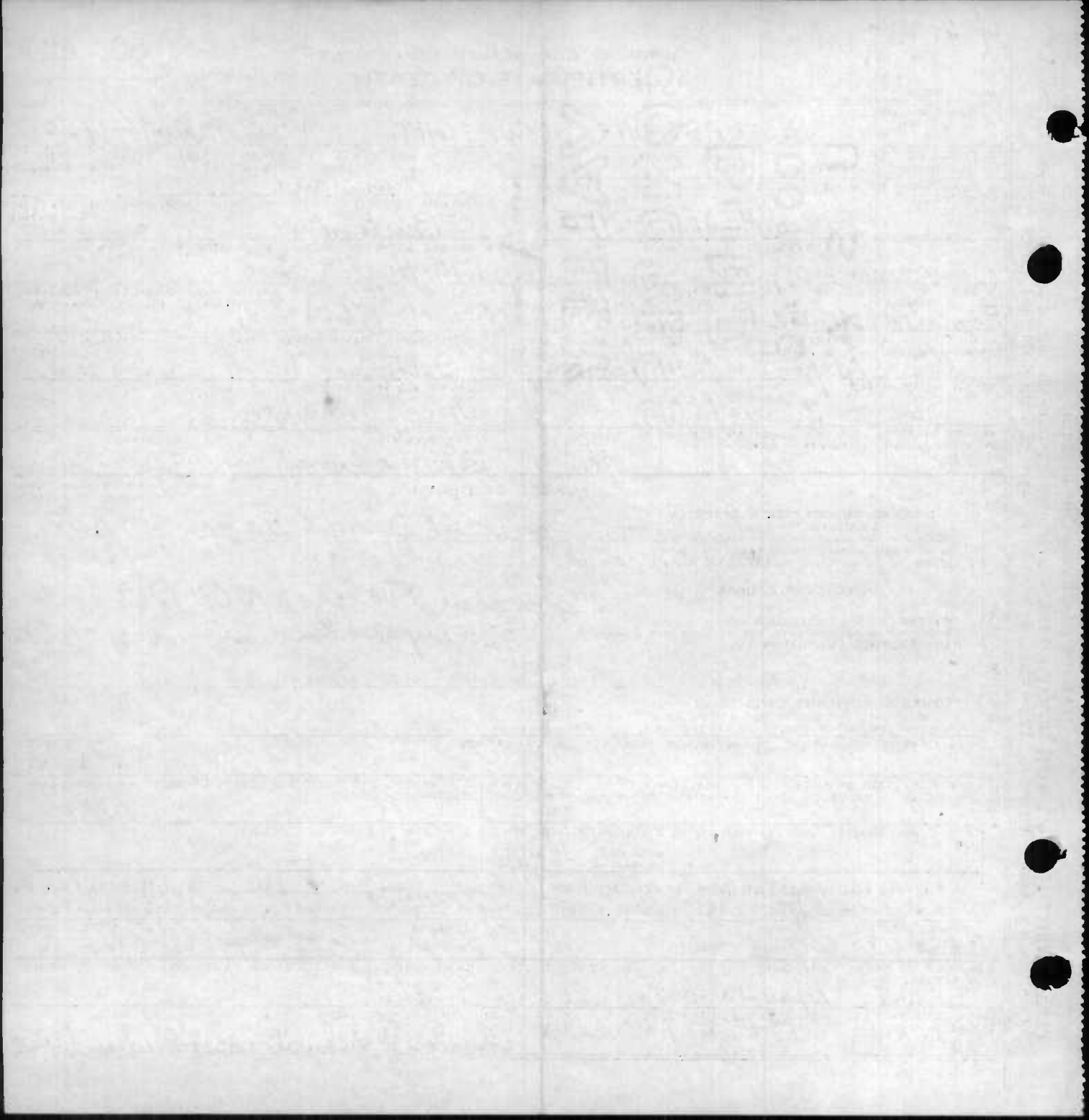
ADDRESS

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



N-262
50 4343

50 4343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JADVYGA NEKROSIENE

2. DATE
OF
DEATH

5/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

North BALTO - General

C. Length of stay in Baltimore

6 mo. 30 Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 24-1903

9. AGE (In years,

last birthday)

47

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

FRANK - FARM

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF
WHAT COUNTRY?

LITHUANIA

13. FATHER'S NAME

JOUZAS SADAVSKAS

14. MOTHER'S MAIDEN NAME

MIKUTSKAITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, and of unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

JONAS NEKROSIUS

ADDRESS

86 S. Fremont

18. 760X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Diabetic coma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/50, to 5/10/50, that I last saw the
deceased alive on 5/10/50, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret J. Gajjar

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

5/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair, Md.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 12 1950

REGISTRAR'S SIGNATURE

Margaret J. Gajjar

25. FUNERAL DIRECTOR

Charles W. Pacheco

ADDRESS

703 W. Henry St.

1903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Huckins

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Md.

B. COUNTY Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essex

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 19, 1894

9. AGE (In years
last birthday)

55

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Ill.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George L. Shanks

14. MOTHER'S MAIDEN NAME

Belle Parks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
None17. INFORMANT ADDRESS
Mr. Huckins, Essex, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Peritonitis and Gangrene of Bowel

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aortic occlusion

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 5/12, 1950, to 5/12, 1950, that I last saw the
deceased alive on 5/12, 1950, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Gerome Gaher

M. D.

23B. ADDRESS

Lamar Hoop

23C. DATE SIGNED

5-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

May 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Larsen Funeral Home

7401 Belair Rd.

query for cause of
peritonitis + gangrene
of bowel

50-
See Document File 4344

6-26-50

W.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4345**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JOSEPH ELBOURNE**2. DATE
OF
DEATH**MAY 12, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rock Hall**6700**

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-2-1861

9. AGE (In years last birthday)

88

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waterman

10B. KIND OF BUSINESS OR INDUSTRY

Waterman

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Taylor Carroll Delaney Rd18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Cerebral Vascular Accident****4 days**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized arteriosclerosis****Years**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Benign prostatic hypertrophy****Years**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **5/10**, 19**50**, to **5/12**, 19**50**, that I last saw the deceased alive on **5/12**, 19**50**, and that death occurred at **3:00 p.** m., from the causes and on the date stated above.

23A. SIGNATURE

Malcolm E. Ruben

M. D.

23B. ADDRESS

Sinai Hospital, Balt. Md.

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

May 15-50**Wesley Chapel****Rock Hall****Ind**

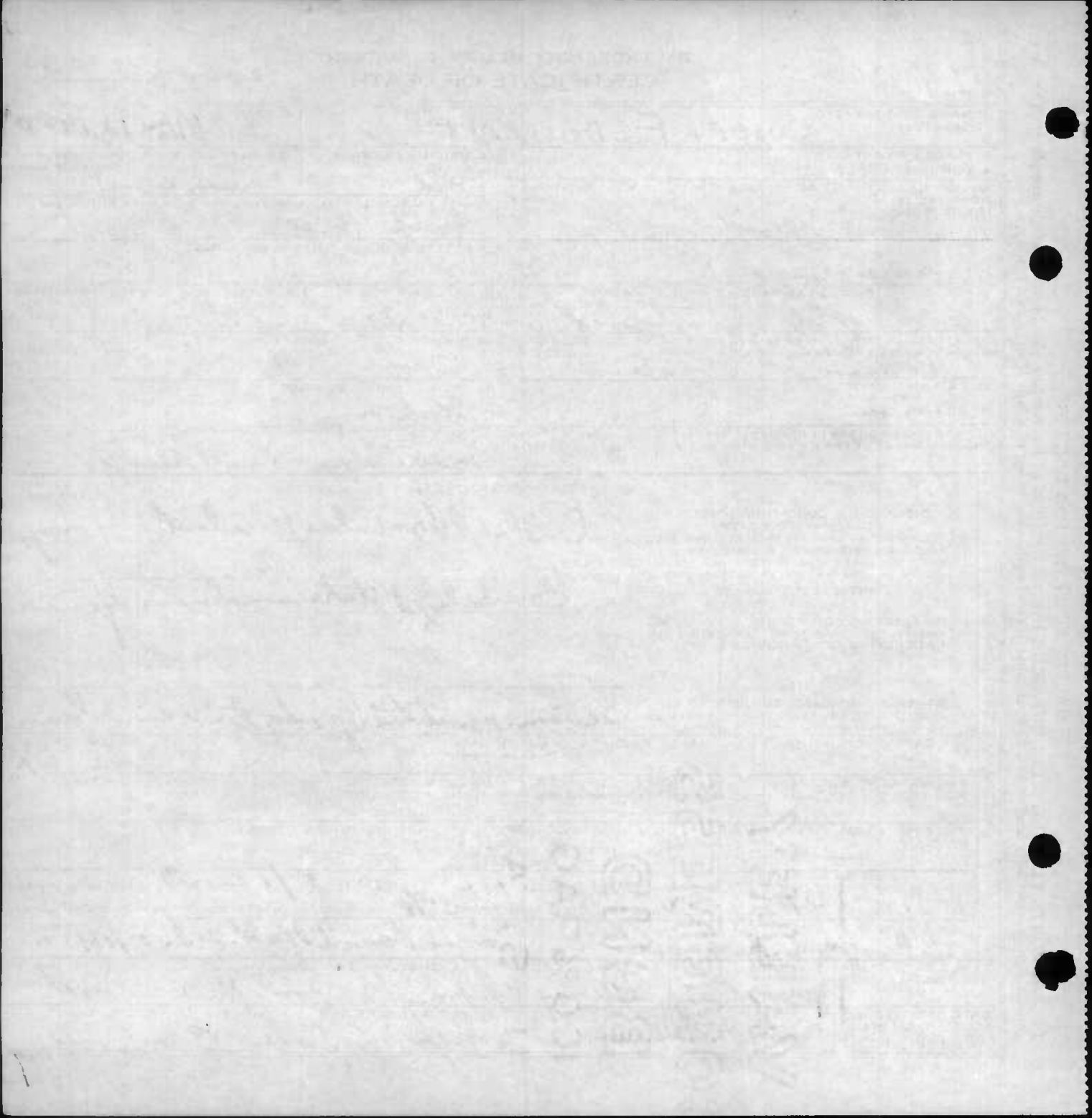
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 13 1950**Huntington Williams, M.D.****Edgar L. Lane****Church Hill**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 35032

50 4346 10062

BIRTH NO. 50-

1. NAME OF DECEASED
(Type or Print)

Baby girl Kohler

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived at institution: residence
A. STATE B. COUNTY before admission)

Baltimore - 28. md -

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

28 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

28 Sanford Ave. 1200

D. STREET ADDRESS (If rural, give location)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 10, 1950

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mrs. Ruth Kohler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

760.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) cardiac respiratory failure
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) questionable brain injury
DUE TO at birth.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to May 12, 1950, that I last saw the
deceased alive on May 12, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Ann Howard

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

May 12, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/14/50

24C. NAME OF CEMETERY OR CREMATORY

Rople Spring

24D. LOCATION (City, town, or county)

Rople Spring Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E. B. Garton Gartonburg

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Cemetery	
16. Signature of Funeral Home		17. Signature of Family		18. Signature of Friends	
19. Signature of Neighbors		20. Signature of Community		21. Signature of Church	
22. Signature of School		23. Signature of Employer		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4347

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Hawkins

2. DATE
OF
DEATH

12 May 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

46 West Baltimore General Hosp.

C. Length of stay in Baltimore

20 yrs.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 20-02

D. STREET ADDRESS (If rural, give location)

2230 W. Baltimore St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 15, 1881

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Saddler

10B. KIND OF BUSINESS OR
INDUSTRY

Leather

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Hawkins

14. MOTHER'S MAIDEN NAME

Margaret Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Florence Hawkins 2230 W. Balto. St.

18. 470.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Probable

Coronary Occlusion

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized Arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 May, 1950, to 12 May, 1950, that I last saw the deceased alive on 11 May, 1950, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

T. L. Morris

23B. ADDRESS

West Baltimore General Hosp.

23C. DATE SIGNED

12 May 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-15-50

24C. NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

24D. LOCATION (City, town, or county)

Salisbury, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Holloway & Co., Salisbury, Md

CERTIFICATE OF DEATH

WILLIAM A. BENTON

Coroner

Deputy Coroner



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4348

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. William Burnham

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18,

9-07

D. STREET ADDRESS (If rural, give location)

1545 Abbottson St..

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 2, 1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator --

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Luther L. Burnham

14. MOTHER'S MAIDEN NAME

Sarah Turnbaugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marian A. Burnham, 1545 Abbottson St.

18.

46.4 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Cor Pulmonale
(Pulmonary Embolism)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Phlebotrombosis, site
undetermined

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from May 1, 1950, to May 12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 8:45A.m., from the causes and on the date stated above.

23A. SIGNATURE

S. H. Kaan

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

May 12, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

cremation

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crematory

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

St. Paul, Inc.

1217 St. Paul Street

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4349
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE E. McCOMAS

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

705 Gorsuch Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

705 Gorsuch Avenue

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 31, 1865

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles P. McComas

14. MOTHER'S MAIDEN NAME

Susannah E. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT **705 Gorsuch Avenue**

Arthur C. Foote

1B.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Secondary to senility**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Nov. , 1939**, to **May 11, 1950**, that I last saw the deceased alive on **May 1950** and that death occurred at **2 A. M.** from the causes and on the date stated above.

23A. SIGNATURE

A. L. Ewald Jr.

23B. ADDRESS

36 York Court

23C. DATE SIGNED

May 12, 1950

24A. BURIAL CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 13 1950

REGISTRAR'S SIGNATURE

Antington Williams, M.D.

25. FUNERAL DIRECTOR

**HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND**

ADDRESS

George F. Sander

83a

CONFIDENTIAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4350

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Kastner

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

TALBOT

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

44 Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elizaborn

7000

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

12 wks

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 6, 1898

9. AGE (In years
last birthday)

51 yrs.

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Ins. Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Karl Kastner

14. MOTHER'S MAIDEN NAME

Maria Kollmannsperger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown/No

16. SOCIAL
SECURITY NO.

167-03-9299

17. INFORMANT

ADDRESS

Mrs. Elhyl Schmidt - 1809 N. Milton Ave
Balto.

18. 299X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Fibrosis of Bone Marrow with

DUE TO

Myeloid Metaplasia

(B)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1950, to May 11, 1950, that I last saw the
deceased alive on May 11, 1950, and that death occurred at 4³⁰ P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank Supple

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

5/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 13 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE - 18. MD.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Occupation	
Cause of Death		Place of Death	
Time of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)ANNA BARBARA OURSLER
*Anna Oursler*2. DATE OF DEATH
MAY 11 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Md
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-02D. STREET ADDRESS (If rural, give location)
1717 Windemere St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

1-16-03

9. AGE (in years last birthday)

47

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Ernest F. Panetti

14. MOTHER'S MAIDEN NAME

Mary A. Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH

widespread metastases

INTERVAL BETWEEN ONSET AND DEATH

6 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1950, to 5-11, 1950, that I last saw the deceased alive on 5-11, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest C. Brown Jr.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

entombment

24B. DATE

5/13/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 13 1950

REGISTRAR'S SIGNATURE

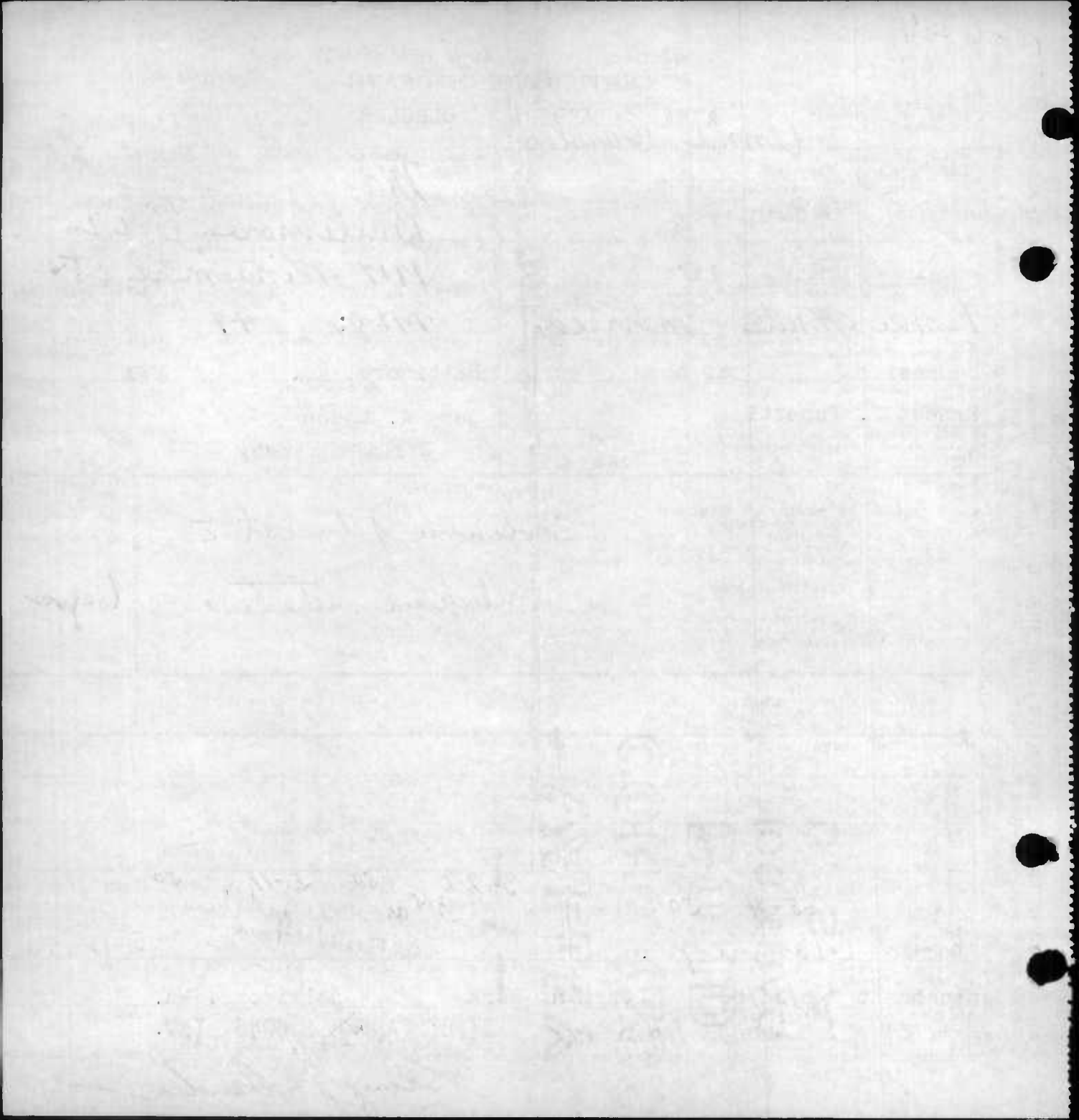
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

ADDRESS

Seymour P. Sander 50



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4352

BIRTH NO. 50 4352

1. NAME OF DECEASED
(Type or Print)

GLADYS D. SIMPSON

2. DATE
OF
DEATH

5/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

48

Maryland General

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-08A

D. STREET ADDRESS (If rural, give location)

5701 Chippendale Pkwy #12

8. DATE OF BIRTH

8/26/87

9. AGE (In years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter C. Soper

14. MOTHER'S MAIDEN NAME

Emma C. Stalman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dale J. Spencer 417 Register Ave

18.

443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardiac decompensation

DUE TO

(B)

Hypertensive Cardiovascular Disease

(C)

Cardiac Enlargement & Atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1950, to 5/12, 1950, that I last saw the
deceased alive on 5/11, 1950, and that death occurred at 4:25 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Paul J. Blazek

M. D.

23B. ADDRESS

Maryland General

23C. DATE SIGNED

5/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 16/1950

24C. NAME OF CEMETERY OR CREMATORY

Greenfield

24D. LOCATION (City, town, or county)

Hempstead Longland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Macdonald 4204 Ridgemoor Ave

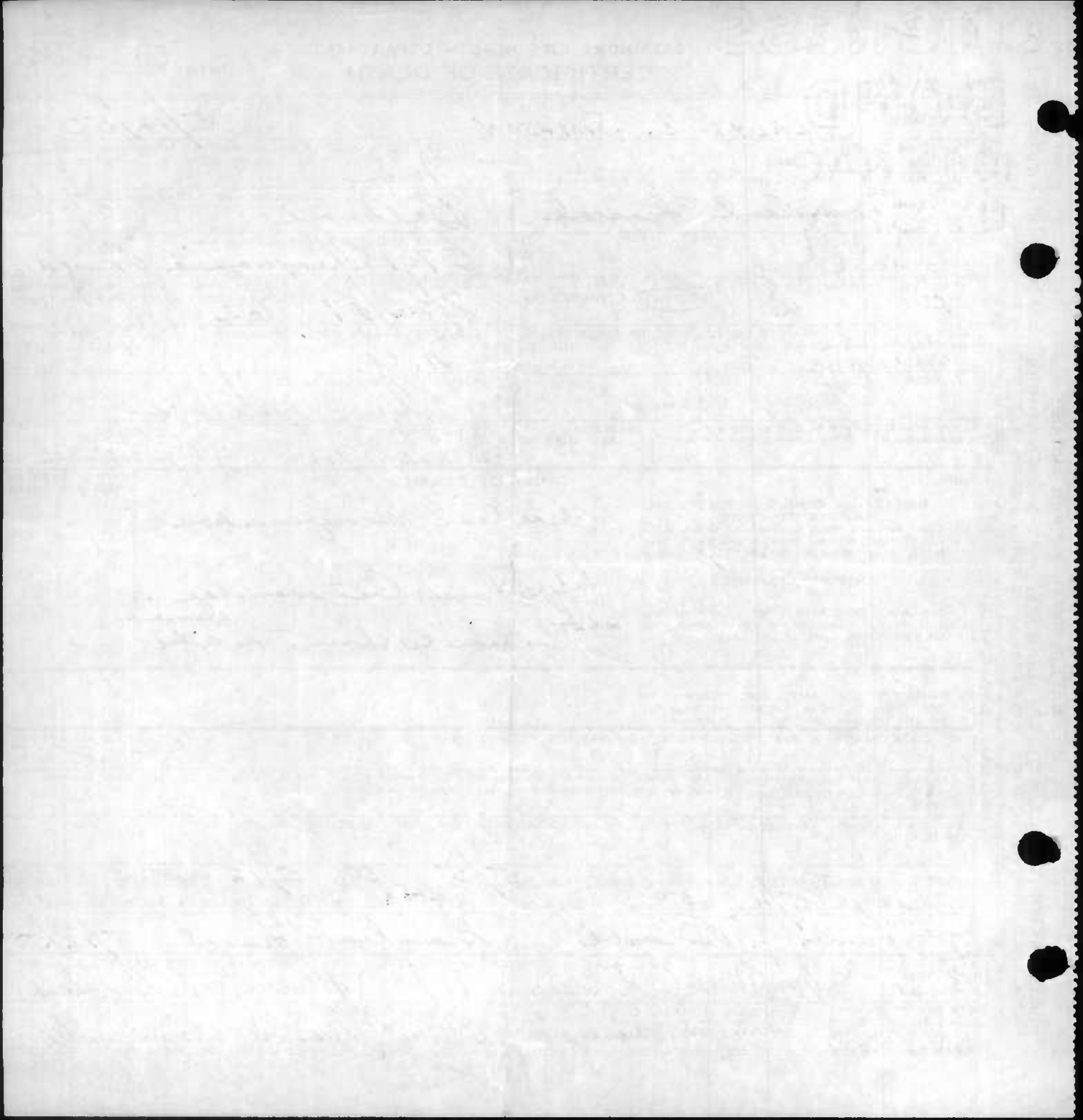
ADDRESS

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4353
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Lee Smith, Jr.

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1106 Mosher St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

1106 Mosher St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

April 11, 1900

9. AGE (In years; last birthday)

50

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

Isleshire Co., Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Lee Smith, Sr.

14. MOTHER'S MAIDEN NAME

Minnie Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

yes

(If yes, give war or dates of service)

World War II.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Nora Gunn

1929 Asquith St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute coronary occlusion

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

2 mts.

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1950, to May 11, 1950 that I last saw the deceased alive on May 11, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin Phillips

23B. ADDRESS

1543 Penna Ave

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Shipped May 15-50 National Cem.

Hampton

Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. R. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. R. Williams

ADDRESS

822 N. Lakeside

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4354**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

GRAY

2. DATE
OF
DEATH

May 10, 1950

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1002 Briscoe Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 15, 1901

9. AGE (In years
Months Days)

49

If Under 1 Year
Months Days

11

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Brewery Worker

11. BIRTHPLACE (State or foreign country)

Calvert Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank Gray

14. MOTHER'S MAIDEN NAME

Nellie Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Ludonia Reed

ADDRESS

1002 Briscoe St.

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., is or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McClellan

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

5/11/50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

322

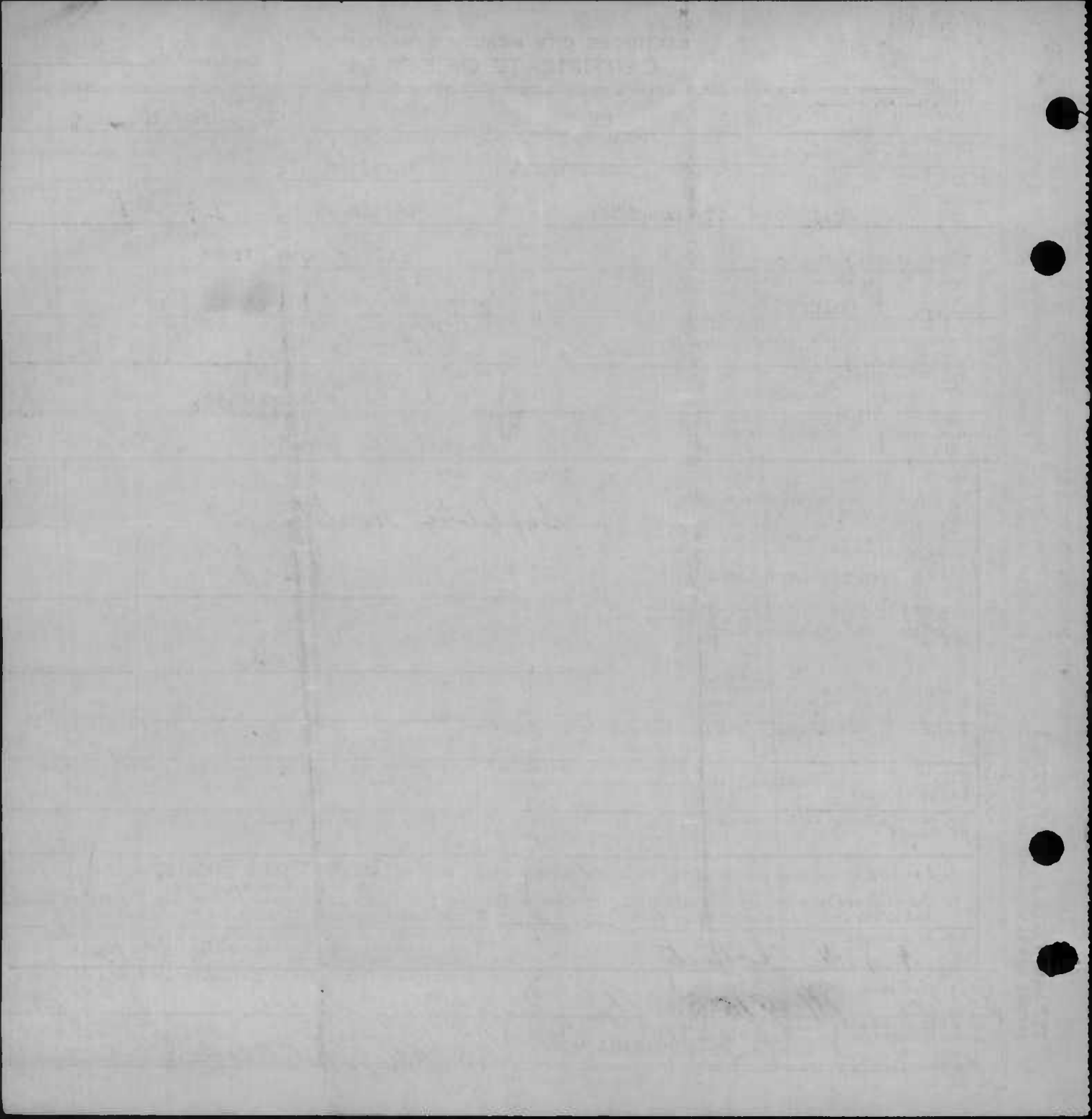
MAY 13 1950

VS 151

988 X0

307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4355

BIRTH NO. 50 4355

1. NAME OF DECEASED
(Type or Print)

Jessie Fennell

2. DATE
OF
DEATH

5-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-01

D. STREET ADDRESS (If rural, give location)

313 N. Calhoun St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

November 18, 1894

9. AGE (In years
last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Enfield, N. C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mack Boone

14. MOTHER'S MAIDEN NAME

Catherine Brinkley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John P. Fennell. 313 N. Calhoun St.

18. 464X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Thrombus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Uncontrolled diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4-21-50, 19__, to 5-9-50, 19__, that I last saw the
deceased alive on 5-9-50, 19__, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

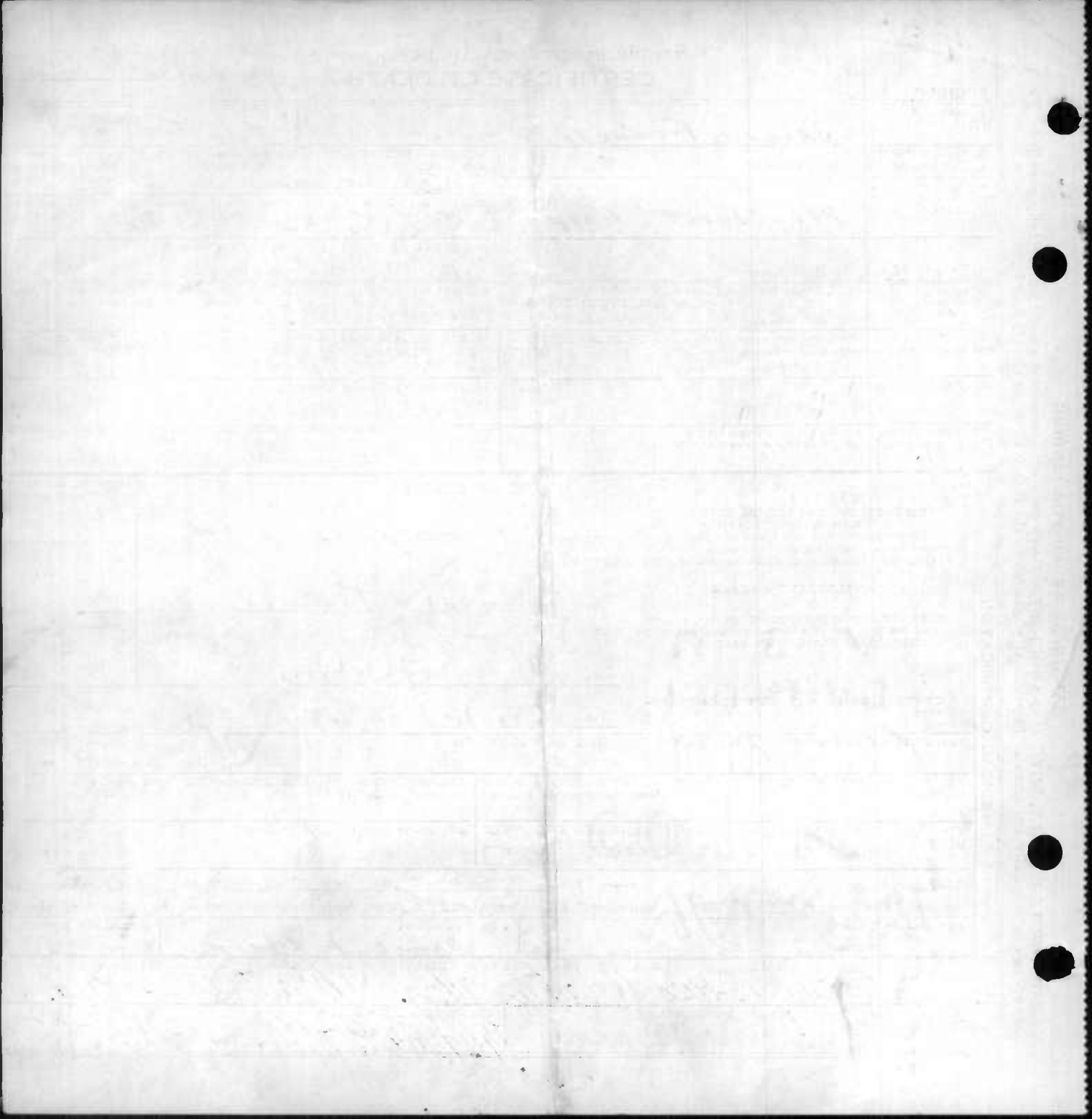
FUNERAL DIRECTOR

ADDRESS

MAY 13 1950

Christington Williams, M.D.

Mrs. Kate R. Williams 8. Schenck St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4356

BIRTH NO. 1256

1. NAME OF DECEASED
(Type or Print)

Julia Mary Heaps

2. DATE
OF
DEATH

5-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1417 Winston Ave.

c. Length of stay in Baltimore

Lifetime

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 9, 1910

9. AGE (In years last birthday)

39

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Government Clerk

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Govt.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

S. Wilson Heaps

14. MOTHER'S MAIDEN NAME

Mary Irene Codd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

S WILSON HEAPS JR 1417 Winston Ave

18. 330. X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) SUB-DURAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) RUPTURED ANEURYSM
(CIRCLE OF WILLIS)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ANT. POLIOMYELITIS; SCHOIOSIS

INTERVAL BETWEEN ONSET AND DEATH

?

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5-11, 1950, to 5-11, 1950, that I last saw the deceased alive on 5-11, 1950, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

5/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 13 1950

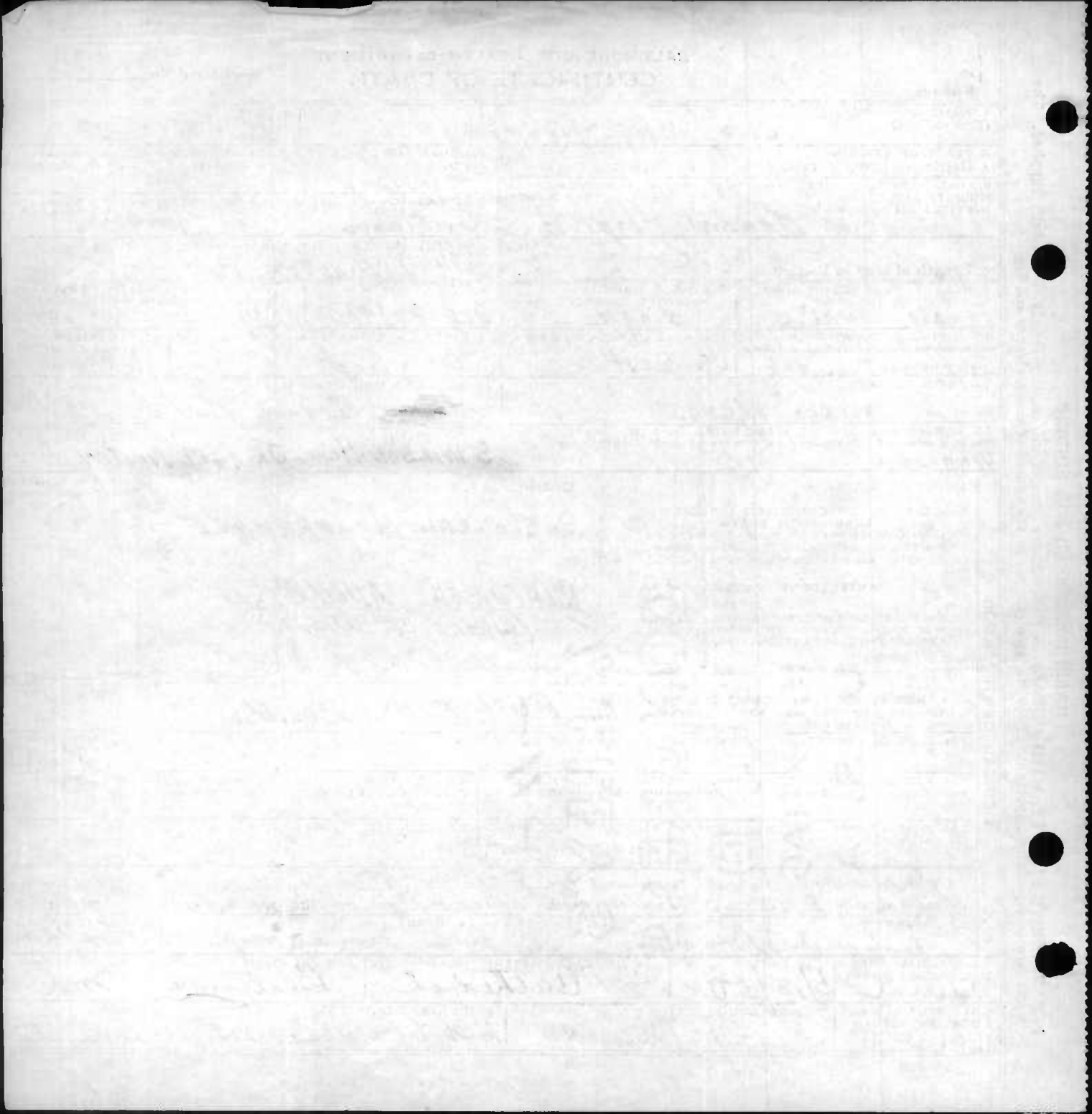
REGISTRAR'S SIGNATURE

Livingston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Wilson & Son 805 N. Calvert St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50-4357

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Florence Jerome Coughlin
COUGHLIN, FLORENCE JEROME2. DATE
OF
DEATH5/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MARYLANDB. COUNTY
BALTO.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)44 UNION MEMORIAL HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTO.12-02

c. Length of stay in Baltimore

YRS.

D. STREET ADDRESS (If rural, give location)

2927 N. CAWERT ST.

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S

8. DATE OF BIRTH

JUNE 25, 18699. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)NONE10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WASHING TON D.C.12. CITIZEN OF
WHAT COUNTRY?USA

13. FATHER'S NAME

JOHNJOHN COUGHLIN

14. MOTHER'S MAIDEN NAME

- ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.

17. INFORMANT

HENRY M. WALKER

ADDRESS

2927 N. CAWERT ST.
SAME18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CEREBRO-VASCULAR ACCIDENTDAYS?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) CEREBRAL ARTERIOSCLEROSISYRS.

DUE TO

(C) GENERALIZED ARTERIOSCLEROSISYRS.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from MAY 11, 1950, to MAY 12, 1950, that I last saw the
deceased alive on MAY 12, 1950, and that death occurred at 12:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5/12/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 13 1950Wilmington Williams, MdH. H. Uleas & Son 805 N. Calver St

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1901

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1901

ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4358

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Schwabe

2. DATE
OF DEATH May 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2-01D. STREET ADDRESS (If rural, give location)
414 S. Chapel St.

c. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 18, 1858

9. AGE (In years last birthday)

91

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

BCH Records

ADDRESS

4940 Eastern Avenue

18. E90201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

8 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture Subcapital Left Hip

8 hrs.

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

5-8 -50

19B. MAJOR FINDINGS OF OPERATION

Fracture of Left Hip

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
Accident21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Fell at Home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
At home 2/121D. TIME (Month) (Day) (Year) (Hour) OF INJURY
May 3, 1950 A. m.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
Was semi-invalid at home
Slipped and fell to floor

22. I hereby certify that I attended the deceased from May 3, 1950, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. J. Jegen

M. D.

23B. ADDRESS

Baltimore City Hospitals
4940 Eastern Ave.

23C. DATE SIGNED

5-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/15/1950

24C. NAME OF CEMETERY OR CREMATORY

Trinity

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 13 1950

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Lally Zeile Inc 403 S. Wabash St

ADDRESS

VS 150

To be proved by the Medical Examiner

N-820.1

186a

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

OFFICE OF THE
DIRECTOR

NAME OF APPLICANT

ADDRESS

CITY

STATE

COUNTRY

DATE OF APPLICATION

NAME OF INVENTOR

ADDRESS

CITY

STATE

COUNTRY

DATE OF APPLICATION

NAME OF INVENTOR

ADDRESS

CITY

STATE

COUNTRY

DATE OF APPLICATION

NAME OF INVENTOR

ADDRESS

CITY

STATE

COUNTRY

NAME OF APPLICANT

ADDRESS

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STATE

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DATE OF APPLICATION

NAME OF INVENTOR

ADDRESS

CITY

STATE

COUNTRY

DATE OF APPLICATION

NAME OF INVENTOR

ADDRESS

CITY

STATE

COUNTRY

DATE OF APPLICATION

NAME OF INVENTOR

ADDRESS

CITY

STATE

COUNTRY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4359
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW FEGELEIN

2. DATE
OF
DEATH

5/13/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

ST. JOSEPH'S HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

26-11

D. STREET ADDRESS (If rural, give location)

1014 S. CLINTON ST.

c. Length of stay in Baltimore

Life

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3/18/1892

9. AGE (In years
last birthday)

58

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maintainence Man

10B. KIND OF BUSINESS OR
INDUSTRY

Manufacturing Plant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Fegeline

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Margaret Fegeline - wife - same address

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12/50, 19, to 5/13/50, that I last saw the
deceased alive on 5-13-50, and that death occurred at 6:04 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thaddens Swinski M. D.

23B. ADDRESS

ST. Joseph's Hosp

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/16/1950

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zuber Inc. 403 S. Wolfe St.

MAY 13 1950

VS 150

336 44

94a

NEW YORK STATE DEPARTMENT OF CORRECTIONS

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1910

REPORT

OF THE

COMMISSIONER

OF THE

DEPARTMENT

OF

CORRECTIONS

FOR THE

YEAR

ENDING

DECEMBER

THIRTY

NINE

ONE

HUNDRED

AND

NINE

TEEN

THREE

THOUSAND

AND

SIX

HUNDRED

AND

SEVEN

TEEN

THOUSAND

AND

SIX

HUNDRED

AND

SEVEN

TEEN

THOUSAND

AND

SIX

HUNDRED

AND

SEVEN

TEEN

THOUSAND

R-500
50 4360BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4360
Registered No.

1. NAME OF DECEASED (Type or Print) Margaret Ryan			2. DATE OF DEATH 5-10-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1124 S. Highland Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland 26-11		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1124 S. Highland Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-1-11	9. AGE (in years last birthday) 38	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Hand			11. BIRTHPLACE (State or foreign country) Baltimore		
13. FATHER'S NAME Godfried Goeb			14. MOTHER'S MAIDEN NAME Elizabeth Sedlmayer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. Unknown		
17. INFORMANT Mrs Elizabeth Goeb-1124 S. Highland Avenue			ADDRESS		
18. 174X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Uterus DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None					INTERVAL BETWEEN ONSET AND DEATH Nov 6/49
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION None		
20. AUTOPSY? None			YES <input type="checkbox"/>		
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Dec 6, 1949, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 8:07 p.m., from the causes and on the date stated above.					
23A. SIGNATURE S. Schimmunk			23B. ADDRESS 842 E. East Ave		23C. DATE SIGNED 5-13-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-15-50	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc 403 S. Wolfe Str.	
VS 150		49630		4813	

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Schimmels

842 S. East Ave.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4361
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BERNARD ANTHONY ROGERS			2. DATE OF DEATH May 12, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE D.C. B. COUNTY V-48		
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington		
c. Length of stay in Baltimore 22 days Yrs. 57 Mos. 57 Days			D. STREET ADDRESS (If rural, give location) 1716-16th St. SE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/20/09		9. AGE (In years last birthday) 41 Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck maintenance		10B. KIND OF BUSINESS OR INDUSTRY Seaman	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John P. Rogers			14. MOTHER'S MAIDEN NAME Rose Mary Mc Cann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 534-14-3003	17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.		

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage from pancreato-duodenal artery due to enzymatic digestion following operation for duodenal ulcer		INTERVAL BETWEEN ONSET AND DEATH Hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforation duodenal stump		7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Duodenal ulcer		4 yrs.

19A. DATE OF OPERATION May 1, 1950		19B. MAJOR FINDINGS OF OPERATION Chronic duodenal ulcer		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 21 , 19 50 , to May 12 , 19 50 , that I last saw the deceased alive on May 12 , 19 50 , and that death occurred at 11:45A m., from the causes and on the date stated above.					
23A. SIGNATURE Sidney Krohn, SA Surgeon		23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 5/13/50	
24A. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		24B. DATE 5-13-50		24C. NAME OF CEMETERY OR CREMATORY WASHINGTON, D.C.	
24D. LOCATION (City, town, or county) (State) WASHINGTON, D.C.		25. FUNERAL DIRECTOR ADDRESS Thomas B. Hanlon 641-H St. NE			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
MAY 13 1950

REGISTRAR'S SIGNATURE
Washington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS
Thomas B. Hanlon 641-H St. NE

CERTIFICATE OF DEATH

1968

DATE OF DEATH

TIME OF DEATH

1968

DATE

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

1968

DATE

TIME

PLACE

CAUSE

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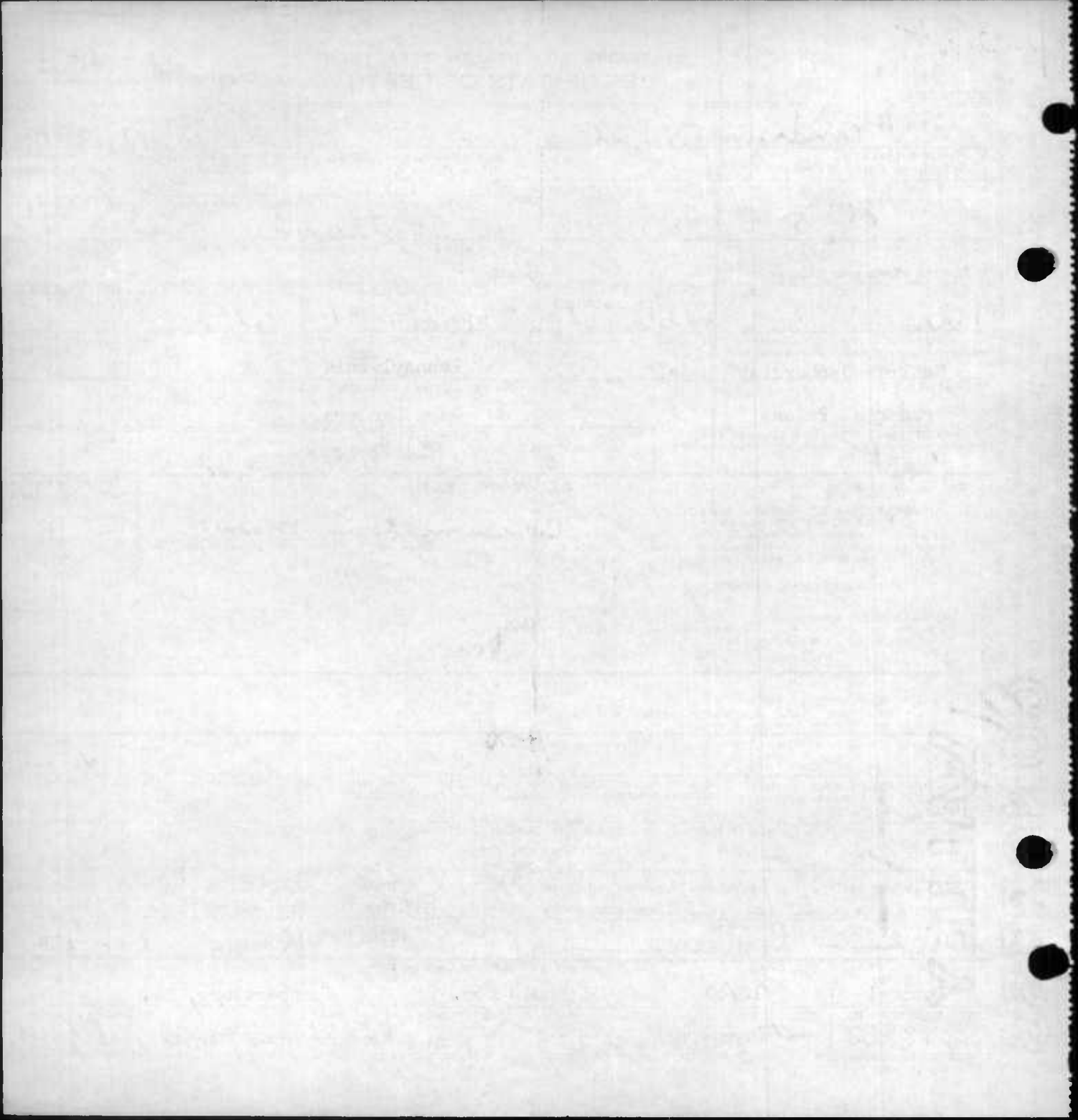
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4362**

BIRTH NO. 50 4362			1. NAME OF DECEASED (Type or Print) Andrew D. Peters			2. DATE OF DEATH May 12, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY V-35					
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN Scottdale (If outside corporate limits, write RURAL and give township)					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-17-81			9. AGE (in years last birthday) 68	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Orchardist			10B. KIND OF BUSINESS OR INDUSTRY Self			11. BIRTHPLACE (State or foreign country) Pennsylvania		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Frederick Peters			14. MOTHER'S MAIDEN NAME Mary Sanders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no			17. INFORMANT JOHNS HOPKINS HOSPITAL ADDRESS		

MEDICAL CERTIFICATION	18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis - Bladder. DUE TO			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION ✓			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-10 , 19 50 , to 5-12 , 19 50 , that I last saw the deceased alive on 5-12 , 19 50 , and that death occurred at 5:14 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE Charles R. Ramon M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-12-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5/13/50	24C. NAME OF CEMETERY OR CREMATORY Lincoln Cem.	24D. LOCATION (City, town, or county) (State) Chambersburg, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 13 1950		REGISTRAR'S SIGNATURE Wm. J. Lickner		25. FUNERAL DIRECTOR Wm. J. Lickner ADDRESS Balto Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4363

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

(Estelle) Stella K. Miller

2. DATE

OF

DEATH May 12th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-10

D. STREET ADDRESS (If rural, give location)

261 So. East Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/1/1873

9. AGE (In years
last birthday)

76 77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cashier

10B. KIND OF BUSINESS OR
INDUSTRY

The Grand Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Crist

14. MOTHER'S MAIDEN NAME

Amiela Rustlott

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

216-10-4946

17. INFORMANT

ADDRESS

Wm. Leroy Miller 261 S. East Ave.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Thrombosis
DUE TO

4 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Mesenteric Thrombosis
DUE TO

5 Days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Generalized Arterio Sclerosis
DUE TO

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1948 to May 1950, that I last saw the
deceased alive on May 12, 1950, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

St. Matthews

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John G. Moran 3000 E. Baltimore St.

7-10-1941

RECEIVED

NOV 11 1941

11

TO THE DIRECTOR
BUREAU OF REVENUE
WASHINGTON, D. C.

FROM THE
SAC, NEW YORK

10

H-160
50 4364BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4384

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY M. HOOPER

2. DATE
OF
DEATH

MAY 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

117 N. CAREY ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

18-02

D. STREET ADDRESS (If rural, give location)

117 N. Carey Street

c. Length of stay in Baltimore

71

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Apr. 4, 1879

9. AGE (In years last birthday)

71

H Under 1 Year Months Days

H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Graduate Grand Region

10B. KIND OF BUSINESS OR INDUSTRY

Women of the Moose

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Popp

14. MOTHER'S MAIDEN NAME

Laura Catherine Lambright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen M. Davis 206 S. Loudon Ave.

18.

420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) CHRONIC MYOCARDITIS + MYOCARDIAL Degeneration

(B) ARTERIO SCLEROTIC HEART Disease

(C) Generalized ARTERIO SCLEROSIS?

Malnutrition due to not eating 6 Months

INTERVAL BETWEEN ONSET AND DEATH

2 YEARS

7 YEARS

20. AUTOPSY?

YES ☐ NO ☒

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1948, to MAY 11, 1950, that I last saw the deceased alive on MAY 11, 1950, and that death occurred at 5:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Buden

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

5/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. Lickner & Sons - Balto Md

MAY 14 1950

Huntington Williams, M.D.

V 9494

93D

CERTIFICATE OF DEATH

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

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1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4365

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Day Lantz

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

West Baltimore General Hospital

C. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

-

Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

84

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

Mrs. John G. Wiebel 407 Washington St.,

Cathesand, Md.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer J.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 12, 195024A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
5/15/5024C. NAME OF CEMETERY OR CREMATORY
Loudon Park Cem.24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tackner & Sons, Balto., Md.

R-112

50 4366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4366

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs Genie Esther Robofsky</i>		2. DATE OF DEATH <i>5-13-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levindale</i>		D. STREET ADDRESS (If rural, give location) <i>Levindale Home</i>		E. LENGTH OF STAY IN BALTIMORE <i>39</i> Yrs. Months Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>8-9</i>	9. AGE (In years, last birthday) <i>89</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
13. FATHER'S NAME <i>Joseph</i>		14. MOTHER'S MARDEN NAME <i>Not known</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Joseph Robofsky 2530 Park Heights Terrace</i>	
18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of right lung</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) <i>Hypertensive cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-15, 1948</i> , to <i>5-13, 1950</i> , that I last saw the deceased alive on <i>5-13, 1950</i> , and that death occurred at <i>4:10 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome J. Blumberg</i>		23B. ADDRESS <i>Levindale</i>		23C. DATE SIGNED <i>5-13-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Reburial</i>		24B. DATE <i>5-14-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>Jack Lewis Inc 2100 Canton Rd</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 14 1950</i>		REGISTRAR'S SIGNATURE <i>William M. ...</i>		VS 150	

47D

WALLER & SONS
CONDENSED
MILK CO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN J. MICHAELSON

2. DATE
OF
DEATH

5-13-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

00 4300 NORFOLK AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

28-03

D. STREET ADDRESS (If rural, give location)

4300 NORFOLK AVE

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

JEWELER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.-9.

13. FATHER'S NAME

Benjamin

14. MOTHER'S MAIDEN NAME

ANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

OSCAR P. MICHAELSON

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

acute thrombosis, thrombosis 15 m

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

arteria sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C)
DUE TO

chr. coronary disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1930, that I last saw the deceased alive on May 13, 1950, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bernard J. D.

23B. ADDRESS

March 13, 1950

23C. DATE SIGNED

May 13, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-14-1950

24C. NAME OF CEMETERY OR CREMATORY

BETH TRILLOH

24D. LOCATION (City, town, or county)

BALTO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 14 1950

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis, Inc. 2100 Eulaw PL

Bernard Cohen
Marlborough

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GREEN T. EDWARDS			2. DATE OF DEATH May 11, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE North Carolina B. COUNTY V-30		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LaComa		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Route 2		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/28/25	9. AGE (In years last birthday) 24 25	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Green Co., N. C.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Andrew Edwards			14. MOTHER'S MAIDEN NAME Julia Swinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		(If yes, give war or dates of service) World War # 22	16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Andrew Edwards, Wilson, N.C.

18. E802 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple open wounds of head, trunk and limbs (Body cut in six parts)			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATTO TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Multiple open wounds of head, trunk and limbs (Body cut in six parts) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)		
19A. DATE OF OPERATION 5/15/50			19B. MAJOR FINDINGS OF OPERATION railroad tunnel		
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. Found: May 11, 1950 1.50 PM		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) railroad tunnel		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pennsylvania Railroad Union Tunnel 300' east of Greenmount Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found: May 11, 1950 1.50 PM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by a railroad train	
22. I certify that I took charge of the remains described above, held an <u>Inquiry & Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunleavy M.D.			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 12, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/15/50	24C. NAME OF CEMETERY OR CREMATORY Wilson		24D. LOCATION (City, town, or county) (State) N.C.	
25A. LOCAL REGISTRAR Charles A. Rice		25B. REGISTRAR'S SIGNATURE Charles A. Rice			
25C. DATE RECEIVED BY LOCAL REGISTRAR VS 151 4 1950		25D. REGISTRAR'S SIGNATURE Charles A. Rice			

VS 151 4 1950

N809 - 8

000VV

169

CERTIFICATION APPROVED BY

BALTIMORE CITY HEALTH DEPARTMENT

50 4369

CERTIFICATE OF DEATH

Registered No.

BIRTH		1. NAME OF DECEASED (Type or Print) PAULSTICH, CORA M.		2. DATE OF DEATH 5/11/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 42 Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3733 W. Garrison Ave.,			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1872	9. AGE (In years last birthday) 78	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME John Carrill		14. MOTHER'S MAIDEN NAME Katherine Kelley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or oknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mr. John C. Faulstich 3733 Garrison Av	

18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural hematoma		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension, ess. vas.		(A) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerosis, gen.		(B) DUE TO			
19A. DATE OF OPERATION 5/9/50		19B. MAJOR FINDINGS OF OPERATION Subdural hematoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3733 W. Garrison Ave.			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 28/1950 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell while working floors.			
22. I hereby certify that I attended the deceased from 5/6, 1950 , to 5/11, 1950 , that I last saw the deceased alive on 5/10, 1950 , and that death occurred at 3:04 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Esther L. Lacey		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 5/11/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-15-50	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Woodlawn Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 14 1950		REGISTRAR'S SIGNATURE W. Williams		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,	

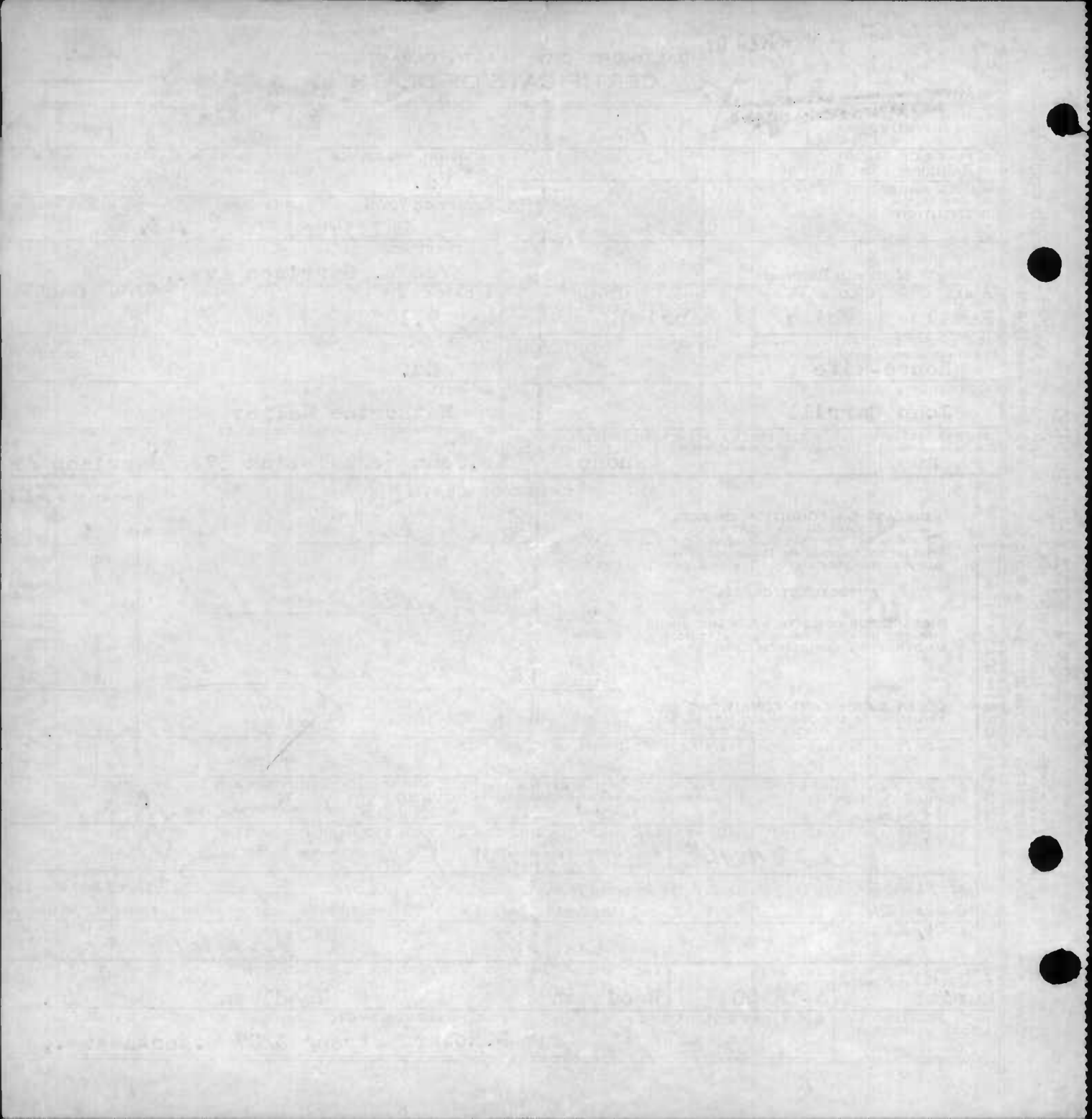
VS 150

N-854

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 1, 1950, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 12:12 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

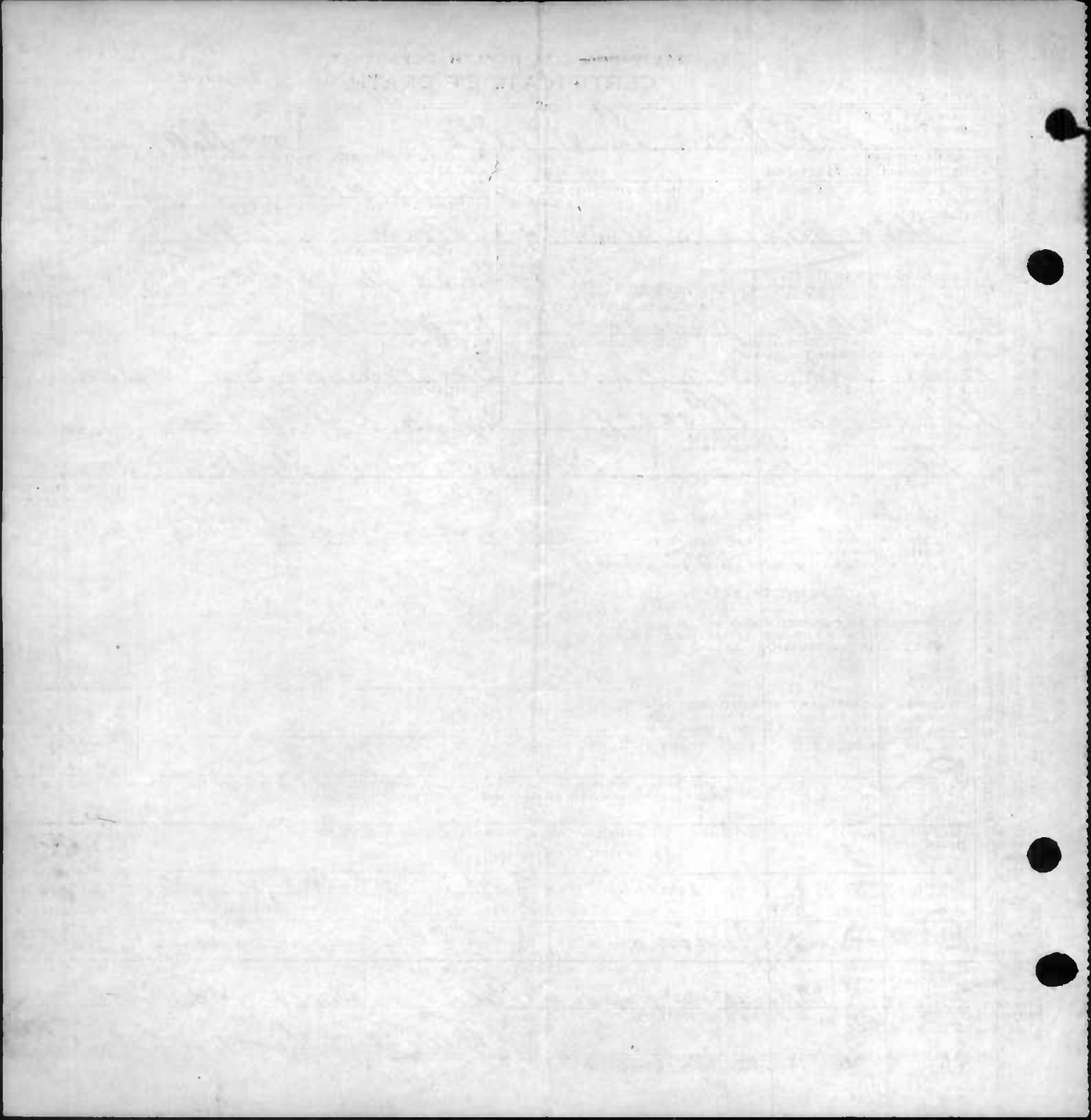
ADDRESS

MAY 14 1950

Huntington Williams, M.D.

H.B. Wipsett, Soc-1300 Cutaw Pl.

55B 17



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora L. Jones

2. DATE
OF
DEATH

5/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

A.A.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

40

Jenkins Memorial

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis 5200

D. STREET ADDRESS (If rural, give location)

Rural

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1873

9. AGE (In years

last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph L. Egan

14. MOTHER'S MAIDEN NAME

Amelia Height

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vance Patridis 517 Cathedral St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ARTERIO SCLEROTIC CARDIO -
DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPISTATIC PNEUMONIA
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) CHRONIC DEFORMATIVE ARTHRITIS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5/17/50

Parkwood

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1950

Huntington Williams, M.D.

Wm Cook, Inc. 1217 St. Paul St.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of jury		12. Signature of witnesses	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of cremation		19. Signature of other disposition		20. Signature of other disposition	
21. Signature of other disposition		22. Signature of other disposition		23. Signature of other disposition		24. Signature of other disposition	
25. Signature of other disposition		26. Signature of other disposition		27. Signature of other disposition		28. Signature of other disposition	
29. Signature of other disposition		30. Signature of other disposition		31. Signature of other disposition		32. Signature of other disposition	
33. Signature of other disposition		34. Signature of other disposition		35. Signature of other disposition		36. Signature of other disposition	
37. Signature of other disposition		38. Signature of other disposition		39. Signature of other disposition		40. Signature of other disposition	
41. Signature of other disposition		42. Signature of other disposition		43. Signature of other disposition		44. Signature of other disposition	
45. Signature of other disposition		46. Signature of other disposition		47. Signature of other disposition		48. Signature of other disposition	
49. Signature of other disposition		50. Signature of other disposition		51. Signature of other disposition		52. Signature of other disposition	
53. Signature of other disposition		54. Signature of other disposition		55. Signature of other disposition		56. Signature of other disposition	
57. Signature of other disposition		58. Signature of other disposition		59. Signature of other disposition		60. Signature of other disposition	
61. Signature of other disposition		62. Signature of other disposition		63. Signature of other disposition		64. Signature of other disposition	
65. Signature of other disposition		66. Signature of other disposition		67. Signature of other disposition		68. Signature of other disposition	
69. Signature of other disposition		70. Signature of other disposition		71. Signature of other disposition		72. Signature of other disposition	
73. Signature of other disposition		74. Signature of other disposition		75. Signature of other disposition		76. Signature of other disposition	
77. Signature of other disposition		78. Signature of other disposition		79. Signature of other disposition		80. Signature of other disposition	
81. Signature of other disposition		82. Signature of other disposition		83. Signature of other disposition		84. Signature of other disposition	
85. Signature of other disposition		86. Signature of other disposition		87. Signature of other disposition		88. Signature of other disposition	
89. Signature of other disposition		90. Signature of other disposition		91. Signature of other disposition		92. Signature of other disposition	
93. Signature of other disposition		94. Signature of other disposition		95. Signature of other disposition		96. Signature of other disposition	
97. Signature of other disposition		98. Signature of other disposition		99. Signature of other disposition		100. Signature of other disposition	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

50 4372

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mamie A. Poston

2. DATE
OF
DEATH

5/13/50 11 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1806 E. Lafayette Ave

C. CITY OR TOWN

Balto

(If outside corporate limits, write rural and give township)

D. STREET ADDRESS (If rural, give location)

1806 W. Lafayette Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

About 1878

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Elmer J. Poston 1806 E. Lafayette Ave

ADDRESS

18.

153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cancer - Colon

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5/11/50*, 19*50*, to *5/13/*, 19*50*, that I last saw the deceased alive on *5/13/*, 19*50*, and that death occurred at *11 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Bessie B. Mays

M. D.

23B. ADDRESS

448 N. Luzerne Ave

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

Balto.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

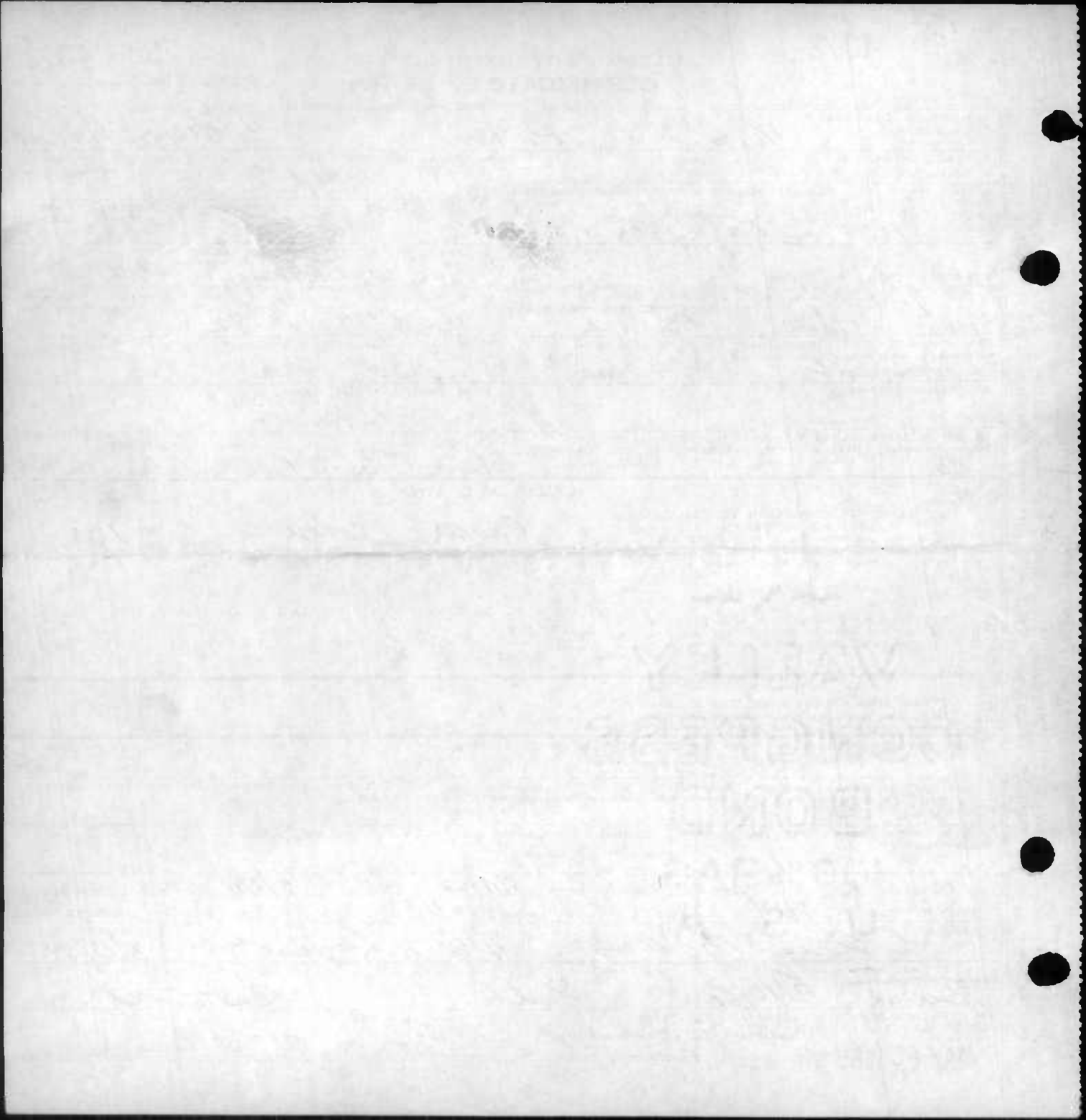
MAY 15 1950

VS 150

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-62950 4373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4373

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John T. Meyers

2. DATE
OF
DEATH

5-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lakeland 5300

D. STREET ADDRESS (If rural, give location)

3206 Elizabeth Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7/3/1893

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Produce Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Liberty Fruit Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Meyers

14. MOTHER'S MAIDEN NAME

Rachel Breed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-03-9141

17. INFORMANT

Myrtle O. Meyers 3206 Elizabeth Ave Lakeland

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

6 hrs.

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 2:45 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Fredrick

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-13-50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

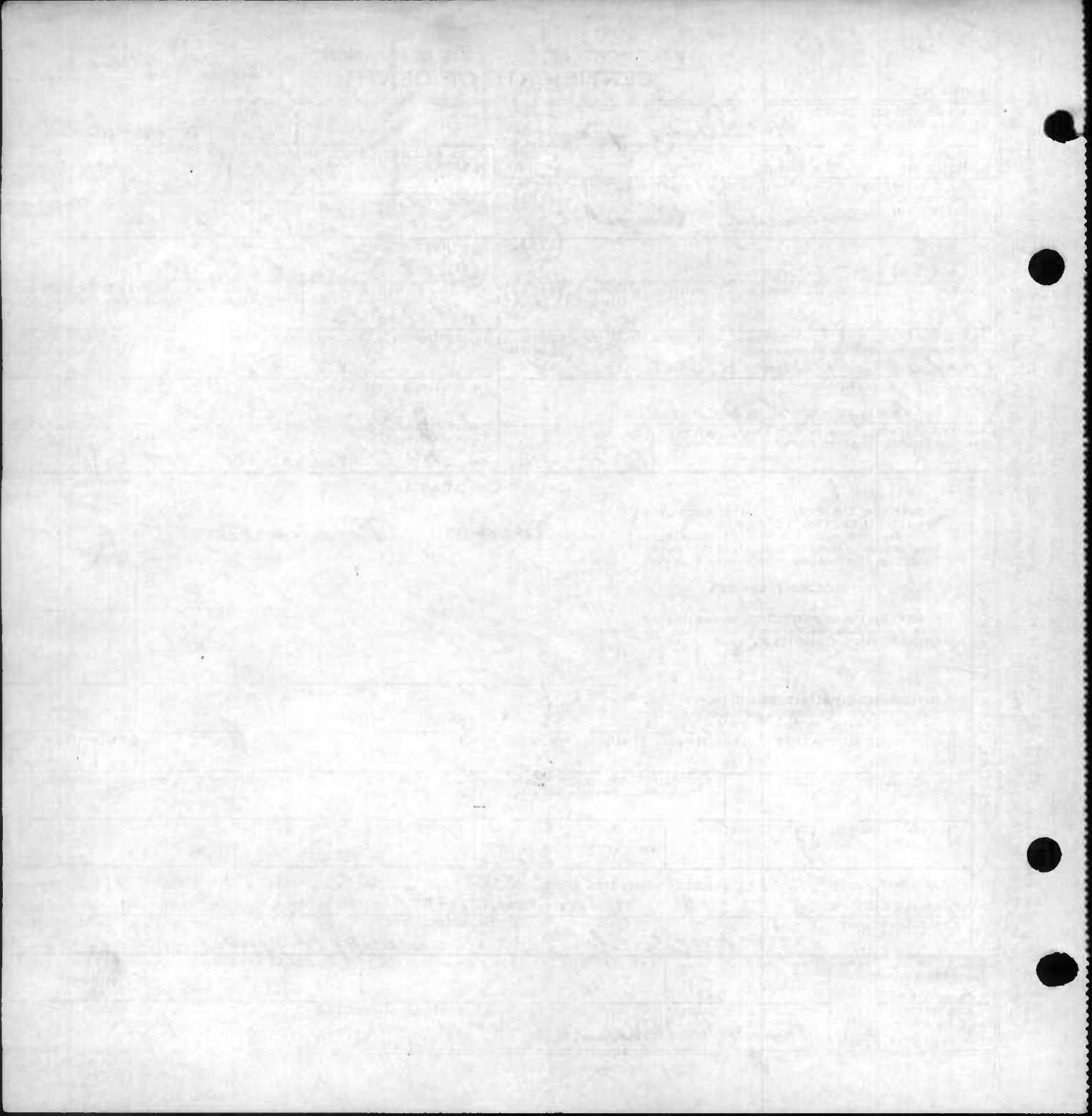
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Vance Cook, Inc. 1217 St. Paul St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50 4374		50 4374	
1. NAME OF DECEASED (Type or Print) Willard T. Barnes		2. DATE OF DEATH May 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Unknown		D. STREET ADDRESS (If rural, give location) 510 Park Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 25, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Com. Artist - Retired		10B. KIND OF BUSINESS OR INDUSTRY Newspaper	9. AGE (In years last birthday) 84
13. FATHER'S NAME Charles A. Barnes		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT L.T. Barnes		ADDRESS 203 Columbia St., Elmira N.Y.	
1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH 5 Yrs. ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary thrombosis		2 days.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Old Age. Acute Prostatitis			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1950, to May 13, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Amos G. Murr</i>		23B. ADDRESS 516 Cathedral St., Baltimore, Md.	
23C. DATE SIGNED 5/13/50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE May 15, 1950	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1950		25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St.	

E46050 4375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4375

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILMA JEAN ELLER

2. DATE
OF
DEATH

5-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

GA.

GRIFFIN

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

GRIFFIN (40 mi. E. of Atlanta)

D. STREET ADDRESS (If rural, give location)

HIGH FALLS RD.

c. Length of stay in Baltimore

5-
Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

SEPT 23 1937

9. AGE (In years
last birthday)

12

10. Under 1 Year
Months: Days

7 21

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GRIFFIN, GA

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

James H. Eller

14. MOTHER'S MAIDEN NAME

Marie Crawley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

mother

ADDRESS

Griffin, Ga

18.

I 26 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Pulmonary Disease
BronchiectasisINTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Peptic Ulcer

1 yr

19A. DATE OF OPERATION

none here

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-14, 1950, that I last saw the
deceased alive on 5-14, 1950, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert K. Spencer

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

Griffin Ga.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

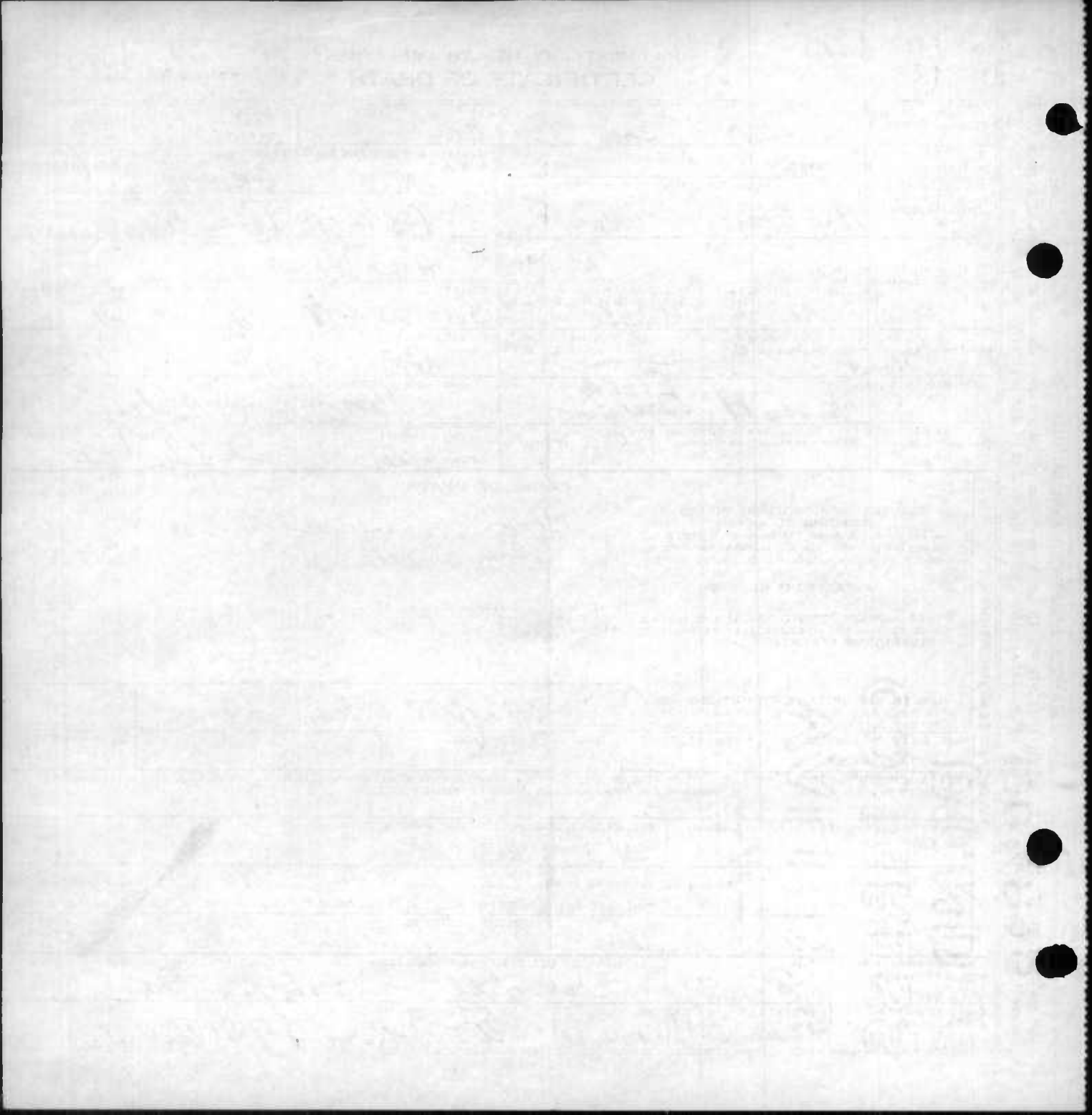
25. FUNERAL DIRECTOR

Wm Cook, Inc. 1217 St. Paul St.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4376

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Sydney Eckenrode

2. DATE
OF
DEATH

5-13-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Carroll

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon Secours Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

2600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Route 6, Westminster, Md.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)

W

8. DATE OF BIRTH

10-3-91

9. AGE (In years
last birthday)

58 59

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Carroll co

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Lewis Smith

14. MOTHER'S MAIDEN NAME

Jane Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Smith Eckenrode Taylorville Md

18.

157X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hepatic Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Metastatic Carcinoma of
the Liver from
Carcinoma of the Pancreas

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25-1950 to 5-14-1950, that I last saw the
deceased alive on 5-14-1950, and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Castellano

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5-14-50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 17-50

24C. NAME OF CEMETERY OR CREMATORY

Westminster Am.

24D. LOCATION (City, town, or county)

Carroll co

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Bankard, Westminster

ADDRESS

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE

1. Name of Vessel
2. Type of Vessel
3. Date of Departure
4. Port of Origin
5. Port of Destination
6. Name of Captain
7. Name of Master
8. Name of Pilot
9. Name of Engineer
10. Name of Steward
11. Name of Cook
12. Name of Cabin Boy
13. Name of Deck Hand
14. Name of Fireman
15. Name of Stoker
16. Name of Sailor
17. Name of Apprentice
18. Name of Boy
19. Name of Girl
20. Name of Child
21. Name of Infant
22. Name of Adult
23. Name of Elderly
24. Name of Young
25. Name of Middle-aged
26. Name of Old
27. Name of Very Old
28. Name of Very Young
29. Name of Very Elderly
30. Name of Very Middle-aged

M-460 CERTIFICATE CORRECTED 5-24-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4377

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Miller

2. DATE
OF
DEATH

May 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Washington D.C.

D. STREET ADDRESS (If rural, give location)

7019 Georgia Ave

c. Length of stay in Baltimore

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-25-91

9. AGE (in years last birthday)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hirsh Dannenhirsh

14. MOTHER'S MAIDEN NAME

Hinda Jacobson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

David Miller - Son - 9609 Evergreen St. Silver Spring, Md.

18. 156.2

CAUSE OF DEATH

Spring, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Liver metastases, origin unknown

7 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic pyelonephritis

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1950, to 5-14, 1950, that I last saw the deceased alive on 5-14, 1950, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. B. King, Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 16-1950

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel

24D. LOCATION (City, town, or county)

Oxon Hill road

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Williams, Jr.

25. FUNERAL DIRECTOR

B. Dargansky & Son, 3501 14th St NW, Wash, D.C.

ADDRESS

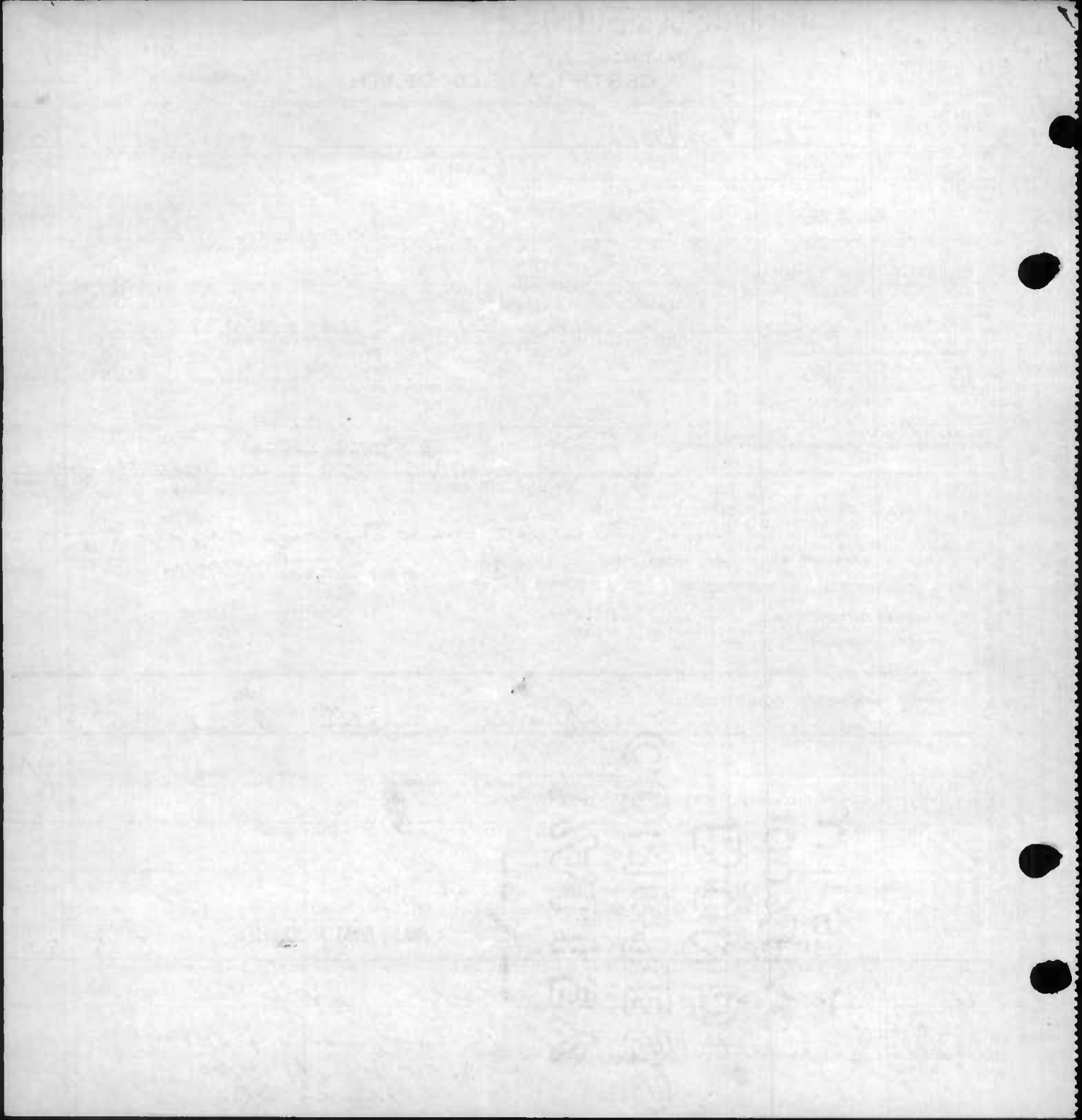
MAY 15 1950

VS 150

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50-220
4378BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4378

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa F. McQuigg

2. DATE
OF
DEATH

5-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

37 Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-01

D. STREET ADDRESS (If rural, give location)

713 W. Hamburg ST.

C. Length of stay in Baltimore

68

Yrs.
Moor-
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 26 1872

9. AGE (In years last birthday)

77

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Kratz

14. MOTHER'S MAIDEN NAME

Margaret Warner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

no

17. INFORMANT (Name and address)

Mrs. Evelyn Geis 713 W. Hamburg St.

18.

4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

one day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerotic Cardio-Vascular

1 1/2 yrs

CERTIFICATION APPROVED BY

R. B. Fisher

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diabetes Mellitus

4 years

Fracture of left hip

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

713 W. Hamburg St. Baltimore

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5-9-50

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Fell at home (to floor)

22. I hereby certify that I attended the deceased from 5-12, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret L. Sheppard

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 16, 1950

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. & Mrs. John W. Trufel, Son 5311 Edmondson Ave

ADDRESS

ORDER OF THE COURT

IN RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4379

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAHONEY, Jeannette

2. DATE
OF
DEATH

5/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Marley Neck Balt., 25

D. STREET ADDRESS (If rural, give location)

2500 Brendle Road 5200

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE MARRIED.

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 26 - 49

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

7

16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Marley Neck A. G. Co. Md.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13. FATHER'S NAME

James Mahoney

14. MOTHER'S MAIDEN NAME

Jeannette Dixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, and/or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jeannette Dixon Marley Neck Md

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia (Bronchial)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12 32 1950, to 5/12, 1950 that I last saw the deceased alive on 5/12, 1950, and that death occurred at 2 8 m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes

M. D.

23B. ADDRESS

Provident

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

5/15/50

24C. NAME OF CEMETERY OR CREMATORY

Marley Neck

24D. LOCATION (City, town, or county)

Marley Neck Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

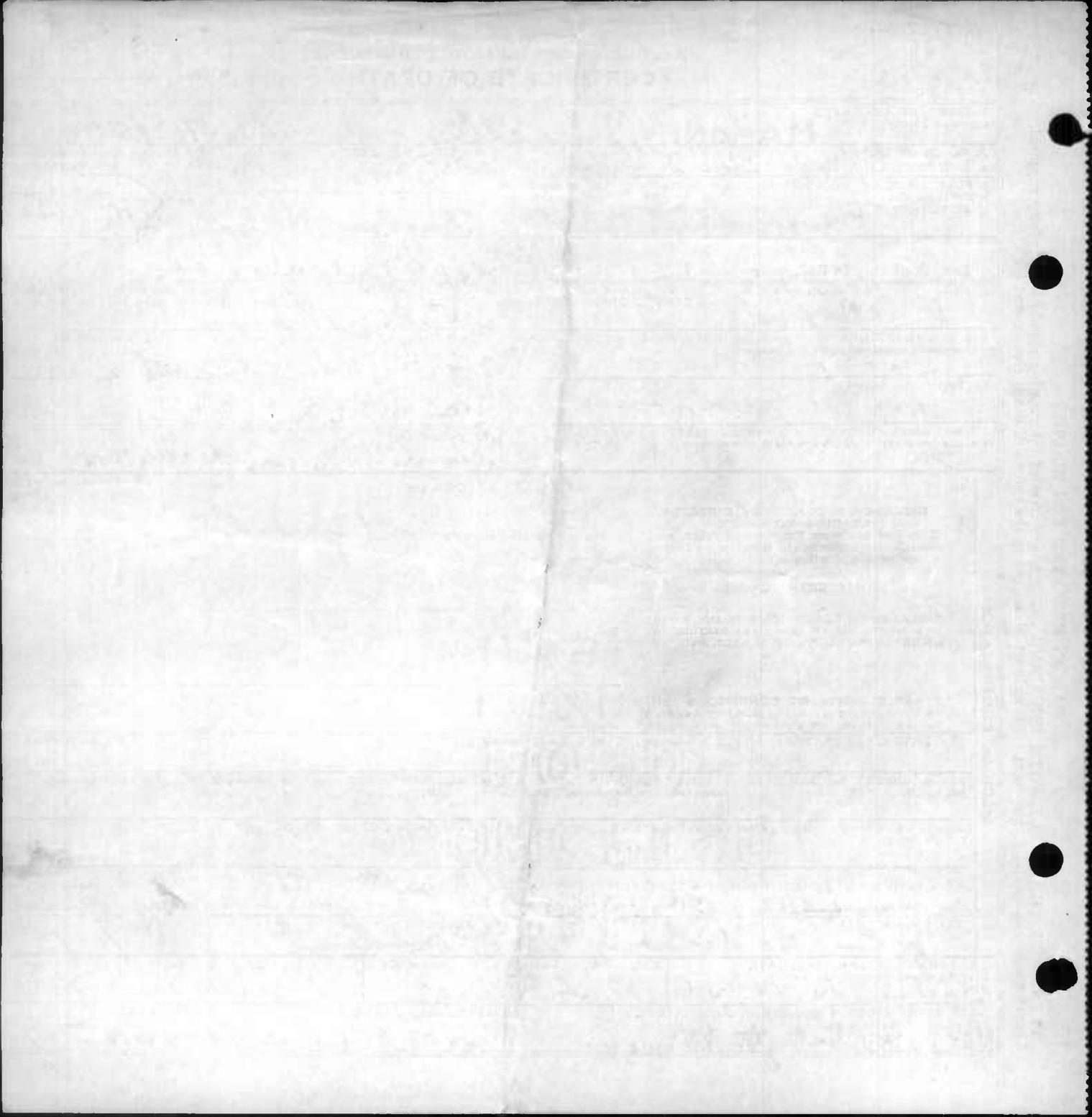
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Clay O. Wilson 1000 Brantly

ADDRESS

MAY 15 1950



Dr. Sawyer

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4380

Registered No.

1. NAME OF DECEASED
(Type or Print)

Christian Velten

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

location)

1016 Riverside Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

27-03

D. STREET ADDRESS (If rural, give location)

4917 Catalpha Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 30, 1880

9. AGE (In years,
last birthday)

69

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tavern Owner

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Velten, 4917 Catalpha

18.

420.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

arteriosclerotic Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

4 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Emphysema Arteriosclerosis

8 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1945, to May 12, 1950, that I last saw the
deceased alive on May 10, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George Sawyer

23B. ADDRESS

M. D.

4808 Harford Rd.

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-15-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Brooklyn, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

MAY 15 1950

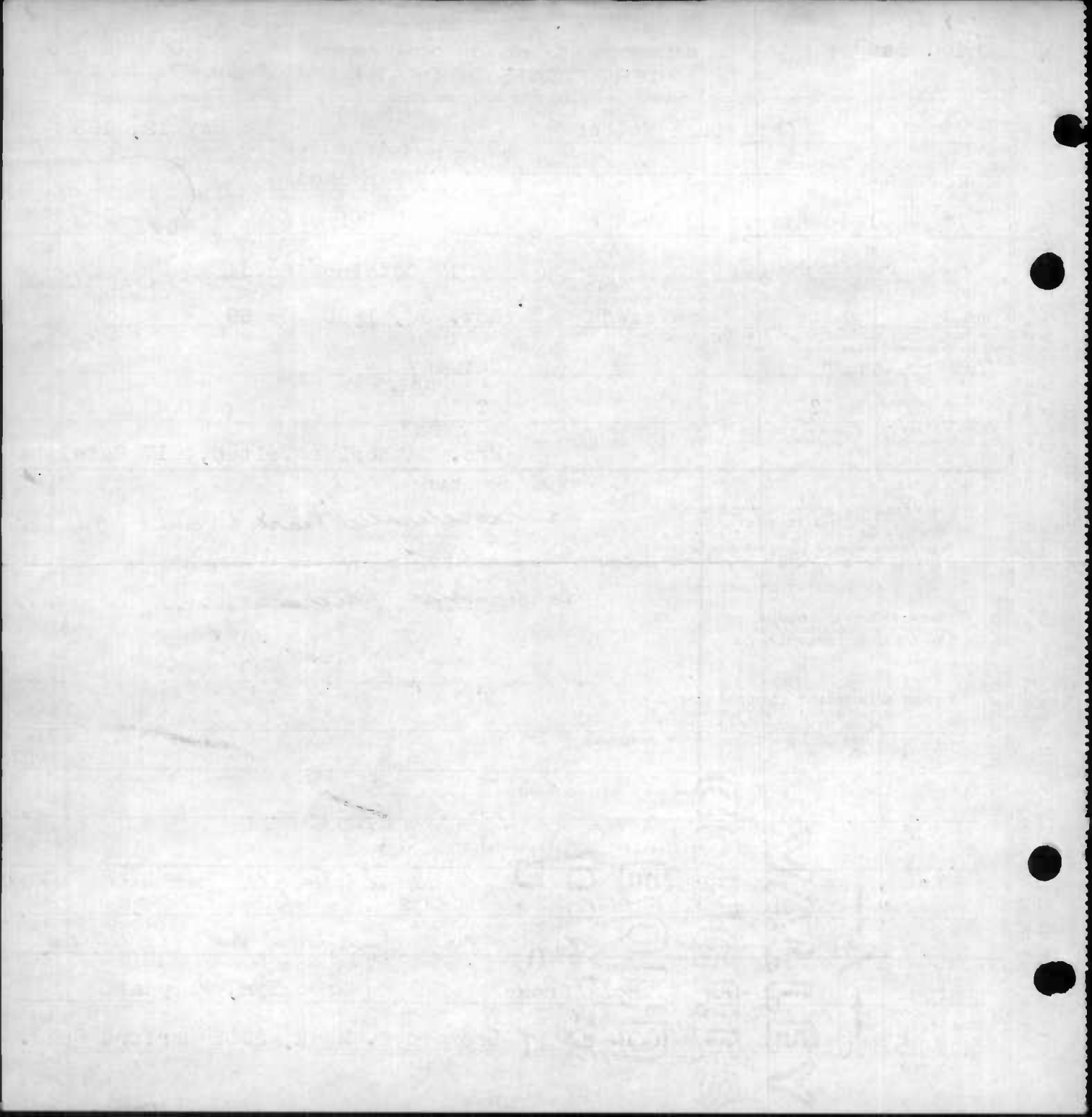
VS 150

15671

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M 460
50 4381BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4381
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSA L. Muller

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5307 HAMLET Ave.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE, MARYLAND B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-06

D. STREET ADDRESS (If rural, give location)

5307 HAMLET Avenue

c. Length of stay in Baltimore

5. SEX

Female

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 7-1899

9. AGE (In years;
last birthday)

50

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August H. LAHM

14. MOTHER'S MAIDEN NAME

BARBARA JAMES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edgar F. Muller, 5307 HAMLET

18. 170X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Stute Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Metastatic Carcinoma of
lung

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.(C) Carcinoma Simplex Rt Breast
c metastasis, lung, liver, bone &
nerve systemINTERVAL BETWEEN
ONSET AND DEATH

9 Mos.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

Oct 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Simplex Rt Breast c

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1949 to May 12, 1950, that I last saw the
deceased alive on May 12, 1950, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Donald W. Winter

M. D.

23B. ADDRESS

3009 Evergreen Ave

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Ruck - 5305 Hartford Rd.

Dr. Mintzer

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4382

BIRTH NO. 50 4382 4-85265

1. NAME OF DECEASED
(Type or Print)

BURNELL

COUNT

2. DATE
OF
DEATH

May 13 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

D.O.C. Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 17. 14-02

D. STREET ADDRESS (If rural, give location)

616 W. LAFAYETTE AVE.

c. Length of stay in Baltimore

LIFE

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

CHILD

8. DATE OF BIRTH

July 29, 1947

9. AGE (In years last birthday)

2

If Under 1 Year Months: Days

8

16

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

EUGENE

COUNTS

14. MOTHER'S MAIDEN NAME

IDA M. BUTLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

IDA M. COUNTS - 616 W. LAFAYETTE AVE

18. E 812.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) CRUSHING INJURY OF HEAD

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Lafayette Ave., about 70' W. of Argyle Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/13/50 11:35 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Truck struck the child who walked off the sidewalk

22. I certify that I took charge of the remains described above, held an Inspection the side walk thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M. D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5-17-50

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A. A. Co. MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1950

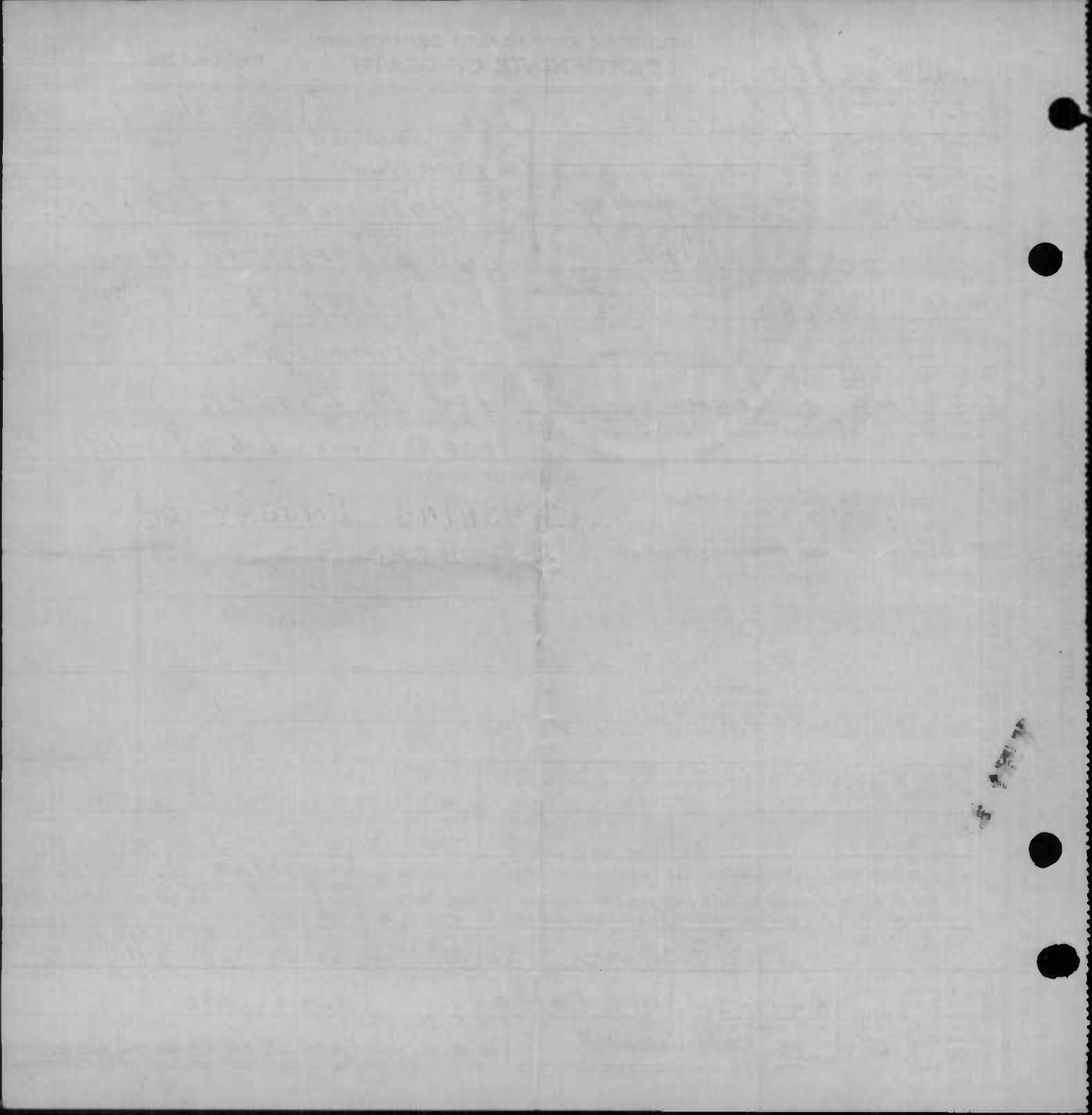
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. A. JACKSON - 916 PENNA. AVE.

ADDRESS



Colbert
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4383
Registered No.

416
50 4383
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clara Colbert		2. DATE OF DEATH May 13 50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Annapolis - 5210	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 96 College Creek	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-12-04
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY None	
13. FATHER'S NAME William Henry Holland		14. MOTHER'S MAIDEN NAME Fosie Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Myocardial Failure DUE TO (B) Posterior Myocardial Infarction DUE TO (C) Carcinoma of the cervix	INTERVAL BETWEEN ONSET AND DEATH 24 hours
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	Surgical operation with removal of uterus and adnexa, bladder, vagina, rectum, uterine implants	

19A. DATE OF OPERATION 5-9-50		19B. MAJOR FINDINGS OF OPERATION Carcinoma of cervix with extension to vagina, bladder, rectum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **May 20, 1950** to **May 13, 1950** that I last saw the deceased alive on **May 13, 1950** and that death occurred at **11:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE George W. Corner, Jr.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 5-15-50
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-16-50	24C. NAME OF CEMETERY, OR CREMATORY Brewer Hill	24D. LOCATION (City, town, or county) (State) Annapolis, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1950	REGISTRAR'S SIGNATURE Washington Williams, M.D.	25. FUNERAL DIRECTOR William Lee, 11-15 Washington St. Annapolis, Md.	

March 18 62

Dear Mother

My

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Dear Mother

Yours affectionately

2-18-62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

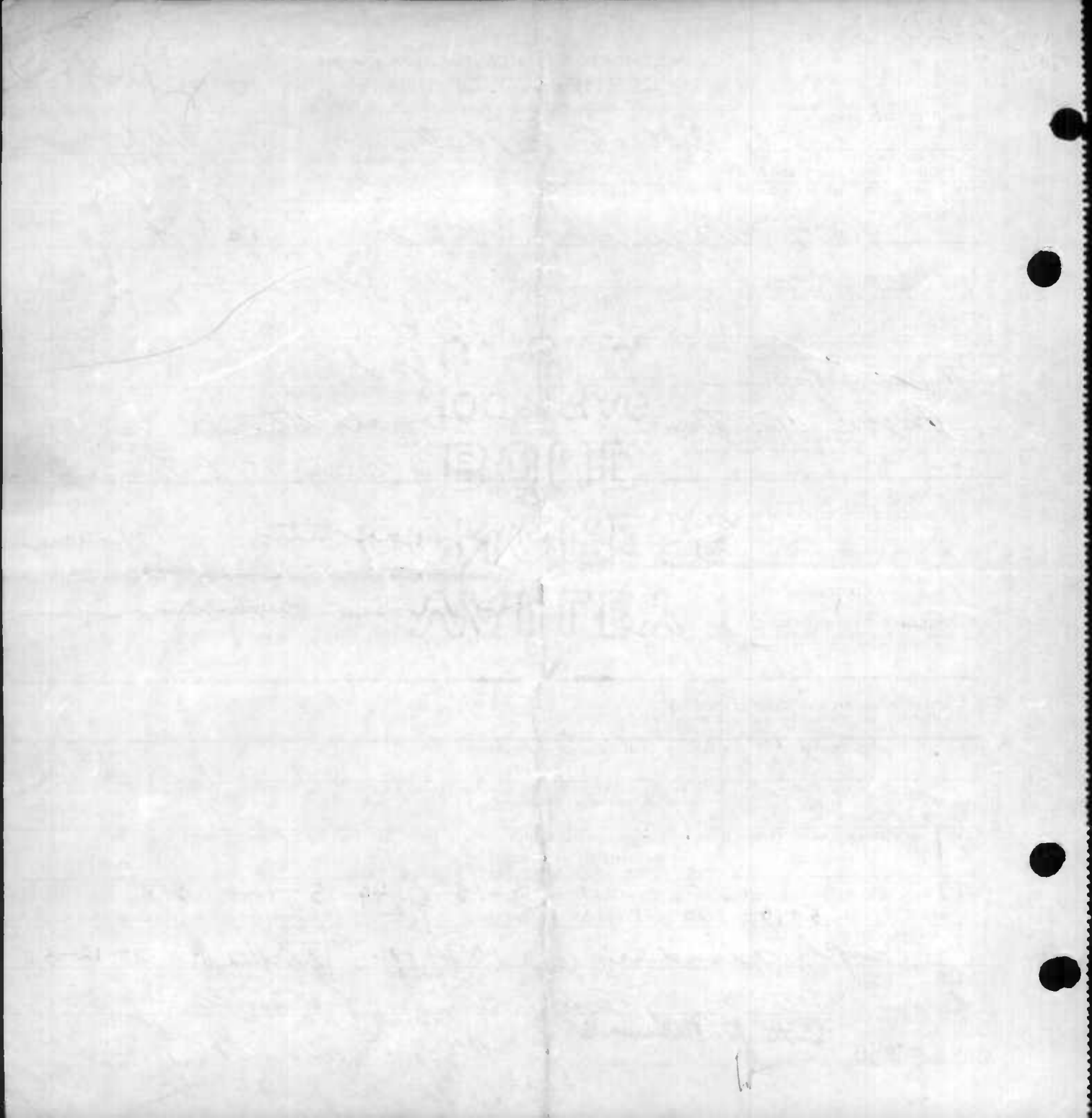
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4384
Registered No. 3698

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Robert E. Matthews		5/11/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
1309 Riggs Ave		Baltimore 16-02			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		1309 Riggs Ave			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months Days If Under 24 Hours Hours Min.
M	C	M	8/7/99	51	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
General Laborer		burn/room		Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Robert Matthews Sr		Hannah Strange			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Annie Handy- 1511 E. Fairmount Ave	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
(A) DUE TO		Myocarditis			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		Hypertension; Parosmia			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-15, 1949 to 5-11, 1950, that I last saw the deceased alive on 5-10, 1950, and that death occurred at 7 AM, from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Frank Saunders		1029 N. Stricker St.		5-12-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5-15-50		Western Star Cem	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore Md.		Byron F. Mannie W. Wright			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
MAY 15 1950		Thurston Williams, M.D.			

VS 150

000VV 721 Asquith St. 937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4385BIRTH NO. 4385

1. NAME OF DECEASED (Type or Print) ALFRED J. GALL			2. DATE OF DEATH May 13, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 39th & Canterbury Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01		
c. Length of stay in Baltimore 60 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 39th & Canterbury Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1879	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Engines			10B. KIND OF BUSINESS OR INDUSTRY Self employed		
13. FATHER'S NAME Adolph Gall			14. MOTHER'S MAIDEN NAME Anna -		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Miriam M. Gall - Ambassador Apts.			ADDRESS		

18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Liver and/or Bile Passages (Ca of Pancreas)	CAUSE OF DEATH (A) Carcinoma of Liver and/or Bile Passages (Ca of Pancreas) DUE TO (B) (Painless jaundice, ascites and enlarged liver) DUE TO (C) Hypertensive Arteriosclerotic Heart Dis.	INTERVAL BETWEEN ONSET AND DEATH 3-4 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Terminal		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Years

19A. DATE OF OPERATION 6	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Oct , 19 48 , to May 13, 1950 , that I last saw the deceased alive on May 13, 1950 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE Robert W. Garis	23B. ADDRESS 1103 St. Paul St.	23C. DATE SIGNED 5/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/15/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRY MAY 15 1950	REGISTRAR'S SIGNATURE Wm. J. Fickner & Sons	25. FUNERAL DIRECTOR Wm. J. Fickner & Sons	ADDRESS Balto Md.

STATE OF NEW YORK DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS OFFICE OF THE REGISTRAR ALBANY, N. Y.

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF FUNERAL HOME

NAME OF UNDERTAKER

NAME OF BURIAL PLACE

NAME OF CEMETERY

NAME OF CHURCH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4386BIRTH NO. 4386

1. NAME OF DECEASED (Type or Print) <u>Louise H. Kerr</u>		2. DATE OF DEATH <u>5-12-50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>13-02</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>The Gundry Sanatorium, 13th, Baltimore 29, Md</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore <u>77</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>2130 Bolton St. Baltimore</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 31, 1880</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	9. AGE (In years last birthday) <u>79</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward Kerr</u>		14. MOTHER'S MAIDEN NAME <u>Sophie Ling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mary C. Kerr</u>		ADDRESS <u>2130 Bolton St.</u>	
18. <u>353.3 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Chronic heart failure -</u> DUE TO (B) <u>Arteriosclerosis, general + cerebral</u> DUE TO (C) <u>Epilepsy -</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 22</u> , 19 <u>48</u> , to <u>May 12</u> , 19 <u>50</u> that I last saw the deceased alive on <u>May 12</u> , 19 <u>50</u> , and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Richard K. Gundry</u>		23B. ADDRESS M. D. <u>The Gundry Sanatorium, 13th, Baltimore</u>	
23C. DATE SIGNED <u>May 12 1950</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/15/50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Wooden Park</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 15 1950</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	
25. FUNERAL DIRECTOR <u>William J. Fickner & Sons</u>		ADDRESS <u>85 Balto. Md.</u>	

CONFIDENTIAL OR SENSITIVE

Serial 2/15/20 London Post
William F. Johnson
Bottom 1/1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4387BIRTH NO. 50 4387

1. NAME OF DECEASED (Type or Print) <u>Mrs. Anna Jones</u>		2. DATE OF DEATH <u>5-13-50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>34 Bon Secours Hosp.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto 10-01</u>	
c. Length of stay in Baltimore <u>10</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>702 E. Biddle St. Balto. 2.</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>7-28-11</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work at home</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>38</u>
11. BIRTHPLACE (State or foreign country) <u>Croighton Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Sobotka</u>		14. MOTHER'S MAIDEN NAME <u>Not Known</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT <u>Mr. David W. Jones</u>		ADDRESS <u>702 E. Biddle</u>	
18. <u>216 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u> DUE TO		CAUSE OF DEATH <u>Extra-Renal Azothemia</u> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>5.4.50</u>		19B. MAJOR FINDINGS OF OPERATION <u>Para-ovarian Cyst.</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-3</u> , 19 <u>50</u> to <u>5-13</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>5-13</u> , 19 <u>50</u> , and that death occurred at <u>2-25</u> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <u>C. J. Castellano</u> M.D.		23B. ADDRESS <u>Bon Secours Hosp.</u>	
23C. DATE SIGNED <u>5-13-50</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5-17-1950</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Most Holy Redeemer Bury</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 15 1950</u>		25. FUNERAL DIRECTOR <u>Elmer W. Conklin</u>	
REGISTRAR'S SIGNATURE <u>Richard W. Williams, M.D.</u>		ADDRESS <u>924 E. Eager St</u>	

CERTIFICATE OF DEATH

REGISTERED BY HEALTH DEPARTMENT

1901

1901

DEPARTMENT OF HEALTH, CITY OF NEW YORK

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4388

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gordon Cavanaugh

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

West Balt. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 25-04

D. STREET ADDRESS (If rural, give location)

900 Pontiac Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 17-1911

9. AGE (In years
last birthday)

38

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work doing most of working life, even if retired)

PARTS MANAGER

10B. KIND OF BUSINESS OR
INDUSTRY

AUTO. BUSINESS

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN P. CAVANAUGH

14. MOTHER'S MAIDEN NAME

FLORENCE FUNIK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-10-7817

17. INFORMANT

ADDRESS

STELLA CAVANAUGH - 900 PONTIAC AVE

18. 204.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid & Intra cranial
Hemorrhage

36-48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic myeloid leukemia

2 1/2-3 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Herpes zoster ophthalmicus

12-14 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☒AT WORK ☐22. I hereby certify that I attended the deceased from May 9, 1950, to May 12, 1950, that I last saw the
deceased alive on May 12, 1950, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William D. Davis

M. D.

23B. ADDRESS

West Balt General Hosp

23C. DATE SIGNED

May 12, 1950

24A. BURIAL,
CREMATION
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 16-1950

New Cathedral

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15 1950

William D. Davis

Elizabeth Harle Inc. 115 E. West St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 43891. NAME OF DECEASED
(Type or Print)John Bieri2. DATE
OF
DEATHMay 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)17 N. Castle St.Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

17 N. Castle St.

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

18689. AGE (In years
last birthday)82If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Cabinet Maker10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Switzerland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Bieri

14. MOTHER'S MAIDEN NAME

Not Known15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John E. Buchwald 2134 McElroy St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING ITINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)Home21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)17 N. Castle St.21D. TIME (Month) (Day) (Year) (Hour)
OF INJURYMay 12, 1950

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☒

21F. HOW DID INJURY OCCUR?

Gun Shot. Self Inflicted22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kummer, Jr.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

May 13, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

May 15/50

24C. NAME OF CEMETERY OR CREMATORY

London Pk. Cme.

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRARMAY 15 1950

REGISTRAR'S SIGNATURE

Wm. H. Kummer, Jr.

25. FUNERAL DIRECTOR

John H. Miller

ADDRESS

2324 Jefferson St.

VS 151

N-8534164 C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Erwin Tintner

2. DATE
OF
DEATH

May 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 2359 Eutaw PlaceC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2359 Eutaw Place

C. Length of stay in Baltimore

10 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED

8. DATE OF BIRTH

Nov 12, 1898

9. AGE (In years,

last birthday)

51

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR
INDUSTRY

Auditing firm

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Marie Tintner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

216-18-3871

17. INFORMANT

ADDRESS

Mrs Alice Tintner 2359 Eutaw Place

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Coronary thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-14, 1950, that I last saw the
deceased alive on 5-13, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Williams

M. D.

23B. ADDRESS

2270 Eutaw Pl.

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery Rogers Ave

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. R. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

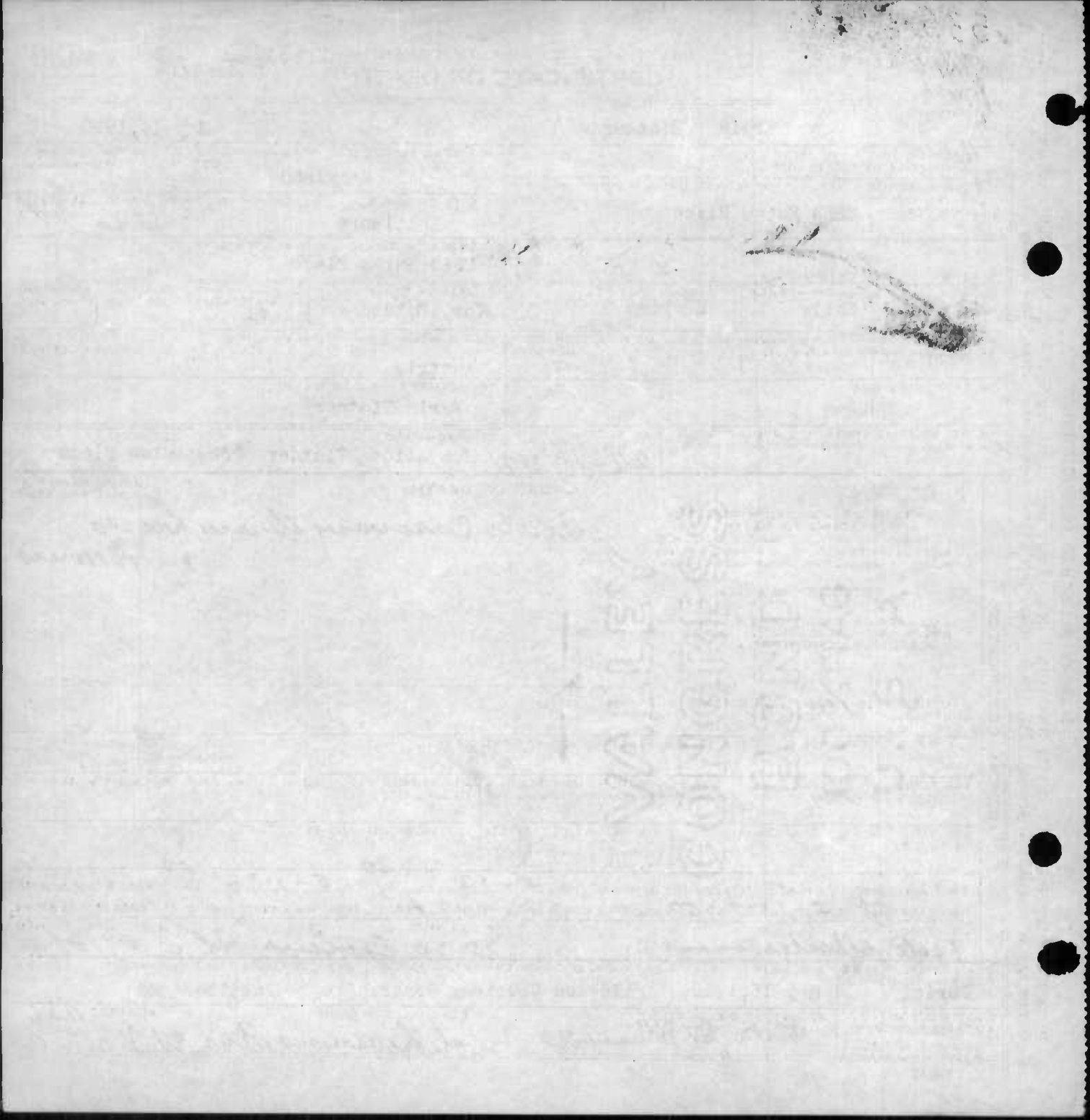
Sol Lewinsons Bus W North ave

MAY 15 1950

VS 150

210 93

94a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 5-18-50

1847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4391

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA BERNHARDT

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3712 Columbus Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3712 Columbus Drive

c. Length of stay in Baltimore

43 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan (1888)

9. AGE (in years last birthday)

(62) 60

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife Own Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Baron

14. MOTHER'S MAIDEN NAME

Bessie Berman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr Fred Bernhardt 3712 Columbus Drive

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio Vasc. Disease

DUE TO

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/4 1950, to 5/15 1950, that I last saw the deceased alive on 5/15 1950, and that death occurred at 2:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Collins

M. D.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 16, 1950

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emunah Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1950

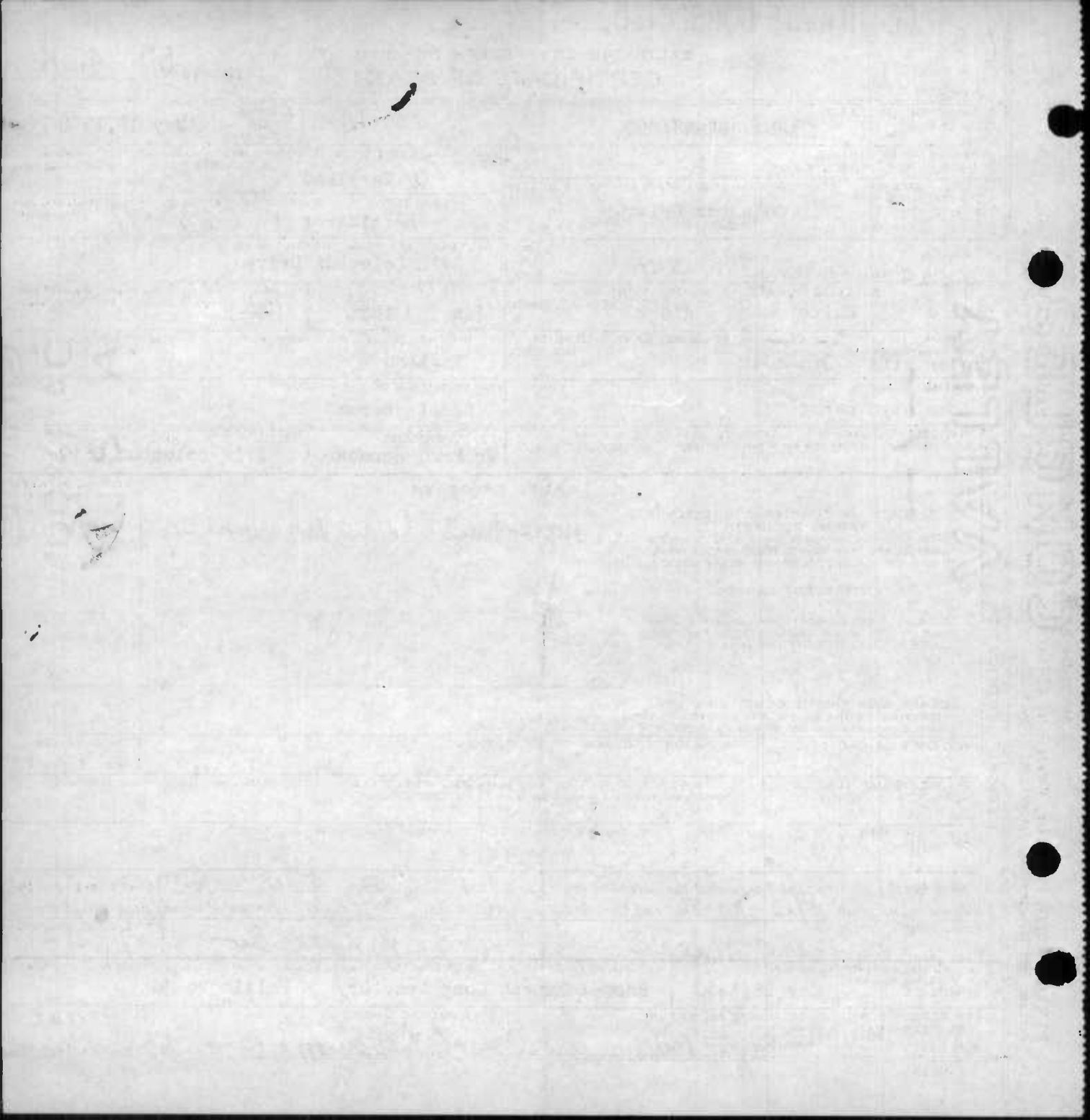
REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Sol. Levmon & Bros W North Ave

ADDRESS 1126



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4392

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Wainwright

2. DATE
OF
DEATH

5/12/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/9/1874

9. AGE (In years,
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Cora Hopkins 1448 E. EAGERS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Corny Throat
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Myocarditis
DUE TO(C) Cordis - renal Druse

1 day

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/3/50, 19, to 5/12/50, 19. That I last saw the
deceased alive on 5/15, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

R. L. Sanders

23B. ADDRESS

8220 Bond St

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D.

Rafner Sanders

1212

1412 E. Preston St

VALLEY
CORP
BUND

antropology - see Document File 50-4393

9.5.50

20

F-630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4394
Registered No.

BIRTH NO. 4394

1. NAME OF DECEASED (Type or Print) TYRUS R. FORD			2. DATE OF DEATH 5/12/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY 13-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 48 Maryland General			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2412 Linden Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1/27/11	9. AGE (in years last birthday) 39	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Appl. Engineer			10B. KIND OF BUSINESS OR INDUSTRY Marine Insurance		
13. FATHER'S NAME Harfield Ford			14. MOTHER'S MAIDEN NAME Bessie Mae Fadda		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —			16. SOCIAL SECURITY NO. 214-03-5354		
17. INFORMANT Bathurst W Ford			ADDRESS 2412 Linden Ave.		

18. 583 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO (A) Uremia (B) Hepato-renal syndrome DUE TO (C) etiology undetermined	CAUSE OF DEATH Uremia Hepato-renal syndrome etiology undetermined	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/6/50		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/6/50 to 5/12/50 , that I last saw the deceased alive on 5/12/50 and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul J. Blazek		23B. ADDRESS Maryland General		23C. DATE SIGNED 5/12/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/15/50		24C. NAME OF CEMETERY OR CREMATORY Caplan	
24D. LOCATION (City, town, or county) Balto Co		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1950		24F. REGISTRAR'S SIGNATURE Wilmington Williams	
24G. FUNERAL DIRECTOR Paul C. Schenck		24H. ADDRESS 3615-17 Chestnut Ave		24I. VS 150	

36485

127a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

inflammation of liver & gall bladder

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 4395

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Vernonhorretta Darsey Jackson

2. DATE
OF
DEATH

May 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mary Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1504

c. Length of stay in Baltimore

36

D. STREET ADDRESS (If rural, give location)

2103 N. Smallwood St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Jan. 24, 1914

9. AGE (In years last birthday)

36

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Stevenson

14. MOTHER'S MAIDEN NAME

Helen Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Deceased

ADDRESS

18. 292.6 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Leukemia

INTERVAL BETWEEN ONSET AND DEATH

10 days

II
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Nephritis

5 years

(C)

Sickle Cell Anemia

5 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950 to May 13, 1950, that I last saw the deceased alive on May 13, 1950 and that death occurred at 6:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Oliver

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-16-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Ann Arundel Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Randolph Hollick

ADDRESS

1532 Biddle St

CERTIFICATE OF POSTAL

NO. 100-100000
JAN 10 1964

POSTAL SERVICE
WASHINGTON, D. C.

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WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4396

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Ellen Lawson

2. DATE
OF
DEATH

May 13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1412 Laurens St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

00

Baltimore, Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-01

C. Length of stay in Baltimore

1 yr.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1412- Laurens St.

5. SEX

7

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7-24-92

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Warren

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

18. 331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Cerebral Hemorrhage

2 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Ruptured Blood Vessel

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 13, 1950, to May 13, 1950, that I last saw the
deceased alive on May 13, 1950, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ch. Lee

M. O.

23B. ADDRESS

2530- Penna. Ave.

23C. DATE SIGNED

5-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 16/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

South Brotons Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

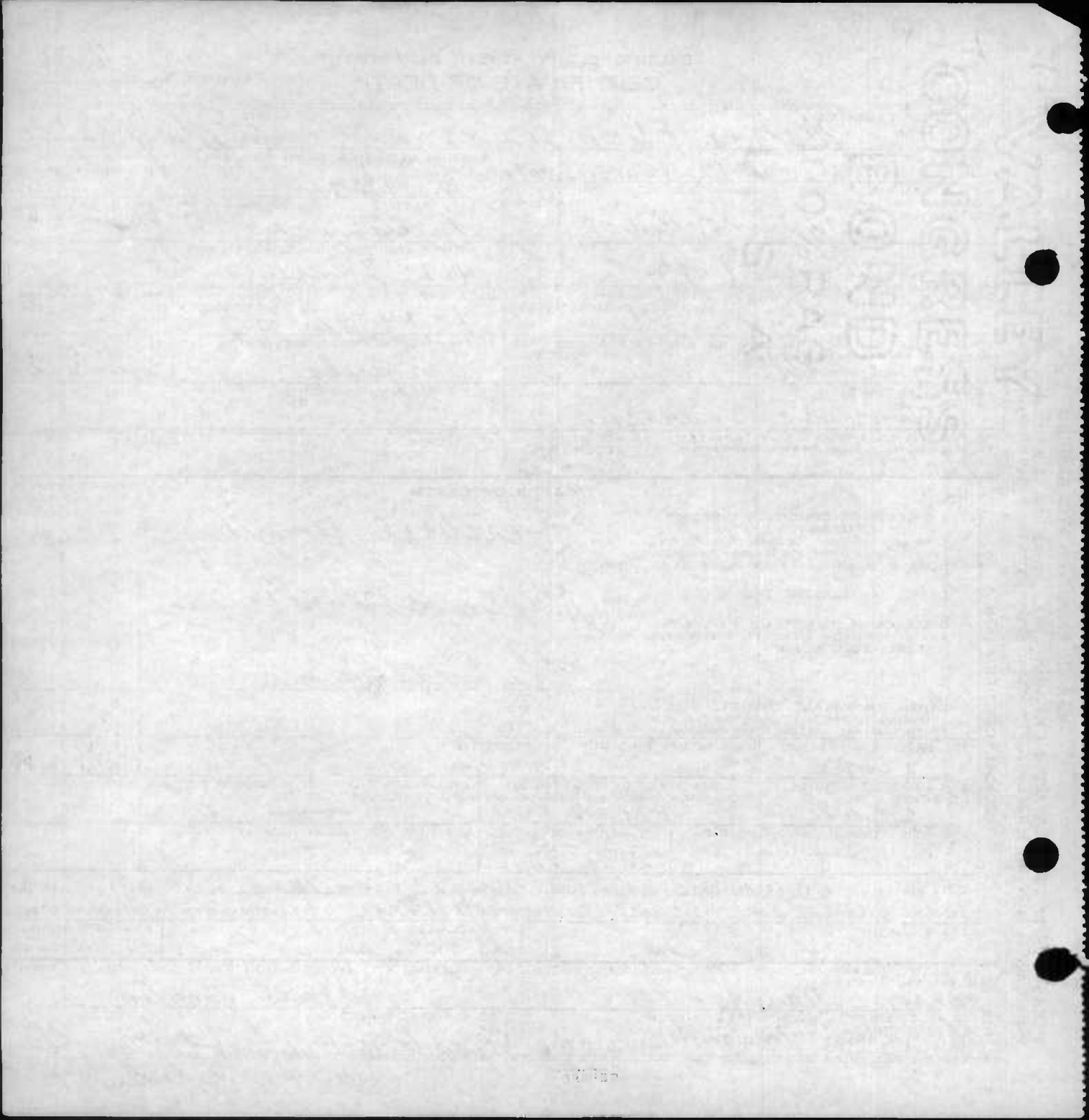
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert A. Elliott & Daughter

1129 N. Caroline St.
83a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4397

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie Johnson

2. DATE
OF
DEATH

5-9-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1126 Orleans St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Nov. 12- 1883

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMED BY
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7-1950 to 5-9-1950 that I last saw the
deceased alive on 5-9-1950 and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

R. J. J. J.

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-10-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 15/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. A. A. County Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

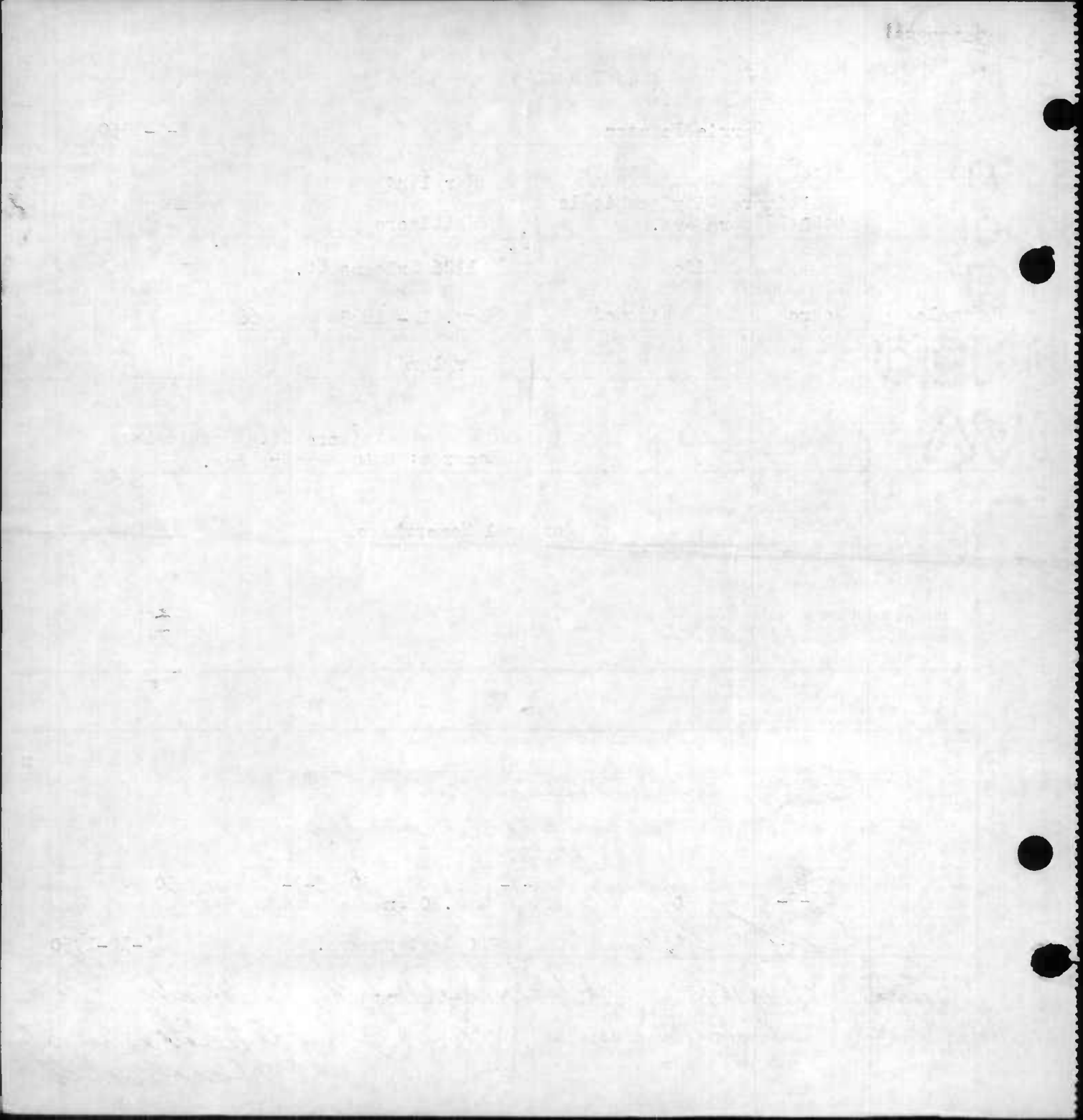
25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert G. Elliott & Daughter

1129 N. Caroline St.

83a



CERTIFICATE CORRECTED

5-26-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4398

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JAMES HILL

2. DATE
OF
DEATHMAY 13th
(May-14-1950)

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Johns Hopkins HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

306 N. Ann St., Baltimore

D. STREET ADDRESS (If rural, give location)

306 N. Ann St.

c. Length of stay in Baltimore

20 Yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

12/3/1929

9. AGE (In years
last birthday)

20

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

All Kind

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eleazer Hill

14. MOTHER'S MAIDEN NAME

Rosa Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rosa Hill 306 N. Ann St

18. E982X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) STAB Wound of Heart.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

About a home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1500 E. Fayette St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 13, 1950 2:15 P.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument Stabbed with a

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R S Fisher

M. D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

5/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/17/1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Elroy O. Wilson 1000 Brantly Ave

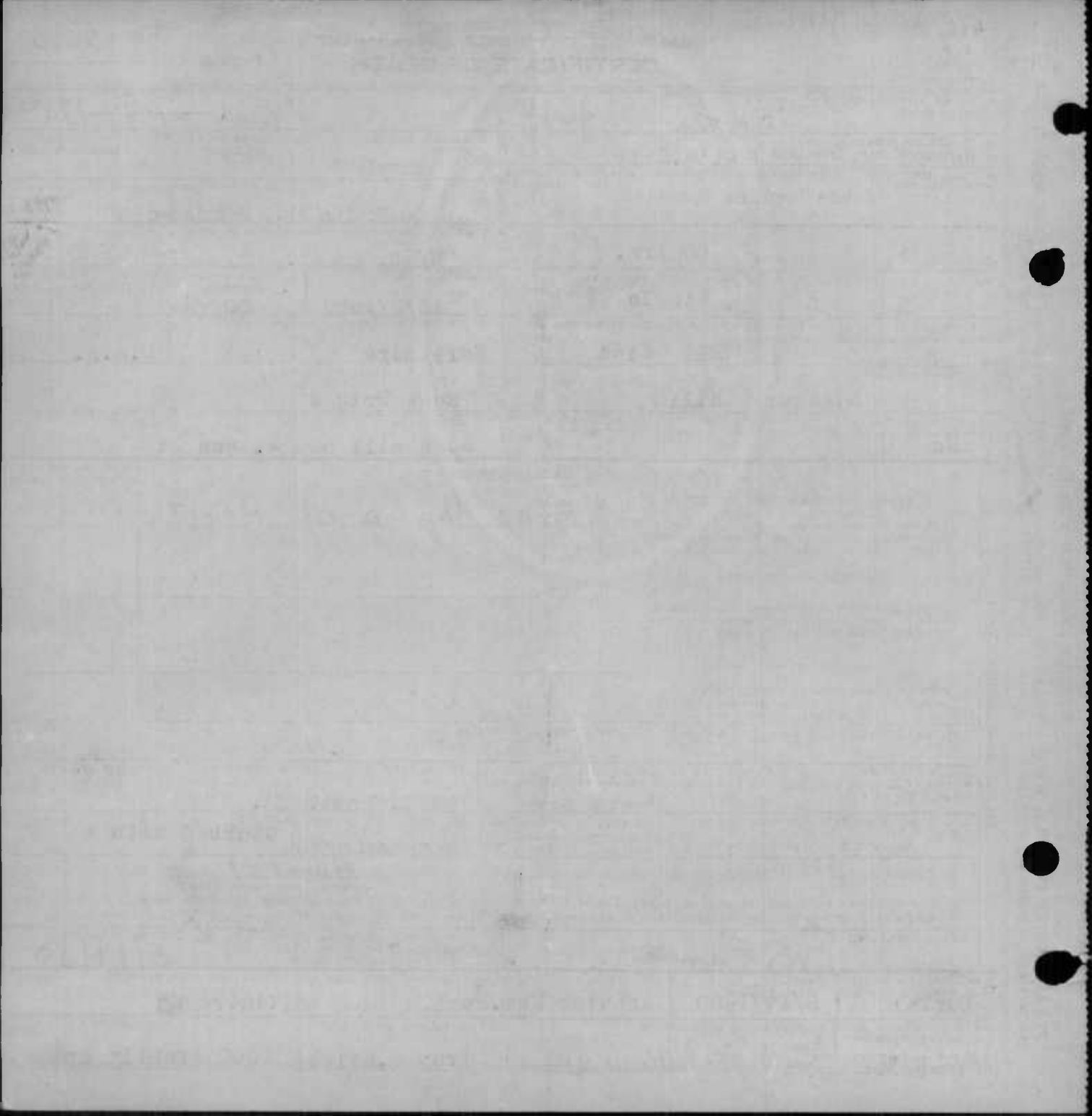
MAY 15 1950

VS 151

N-861.2

98899

167



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4399

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Maryanna Jablonski

2. DATE

OF

DEATH May 13, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 419 N. Patterson Pk. Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland

Baltimore

6-03

D. STREET ADDRESS (If rural, give location)

419 N. Patterson Pk. Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 16

9. AGE (In years last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Makarewicz

14. MOTHER'S MAIDEN NAME

Siedlecki

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mary Ruth 328 S. Clinton St.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anteroseclerotic Heart Disease 5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Bronchitis Congestion 2 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1, 1950 to May 13, 1950 that I last saw the deceased alive on May 13, 1950 and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Isaiah Rosen

M. D.

23B. ADDRESS

2413E Monument St 5/15/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 17/50

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Fred W. Ozagowski

VS 150

1930 Eastern Ave 93D

WATER

WATER

Water

Water

Water

S-200

50 4400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4400
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATIE SACK

2. DATE
OF
DEATH

5-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2402 Brookfield Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2402 Brookfield Ave

c. Length of stay in Baltimore

48

Yrs.

Mos.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George

14. MOTHER'S MAIDEN NAME

Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Samuel Sack 2402 Brookfield Ave

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 20, 1950

19B. MAJOR FINDINGS OF OPERATION

Ca 7 Stomach inoperable

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to May 14, 1950, that I last saw the
deceased alive on May 14, 1950 and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE

George B. Lewis

M. D.

23B. ADDRESS

2404 Easton Ave

23C. DATE SIGNED

May 14, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-16-50

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
MAY 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc - 2100 Easton Ave

ADDRESS

Gross
2404
2404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4401

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOE SCHLOSSBERG

2. DATE
OF
DEATH

MAY 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HAI HOSPITAL OF BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-08A

D. STREET ADDRESS (If rural, give location)

2605 Garrison Boulevard

c. Length of stay in Baltimore

64

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

71

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Clock Mfg.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helda Schlossberg Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 14, 1950 to May 14, 1950 that I last saw the deceased alive on May 14, 1950, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Barrett Berman

M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5-14-50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

5-14-50

24C. NAME OF CEMETERY OR CREMATORY

Anac Israel

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

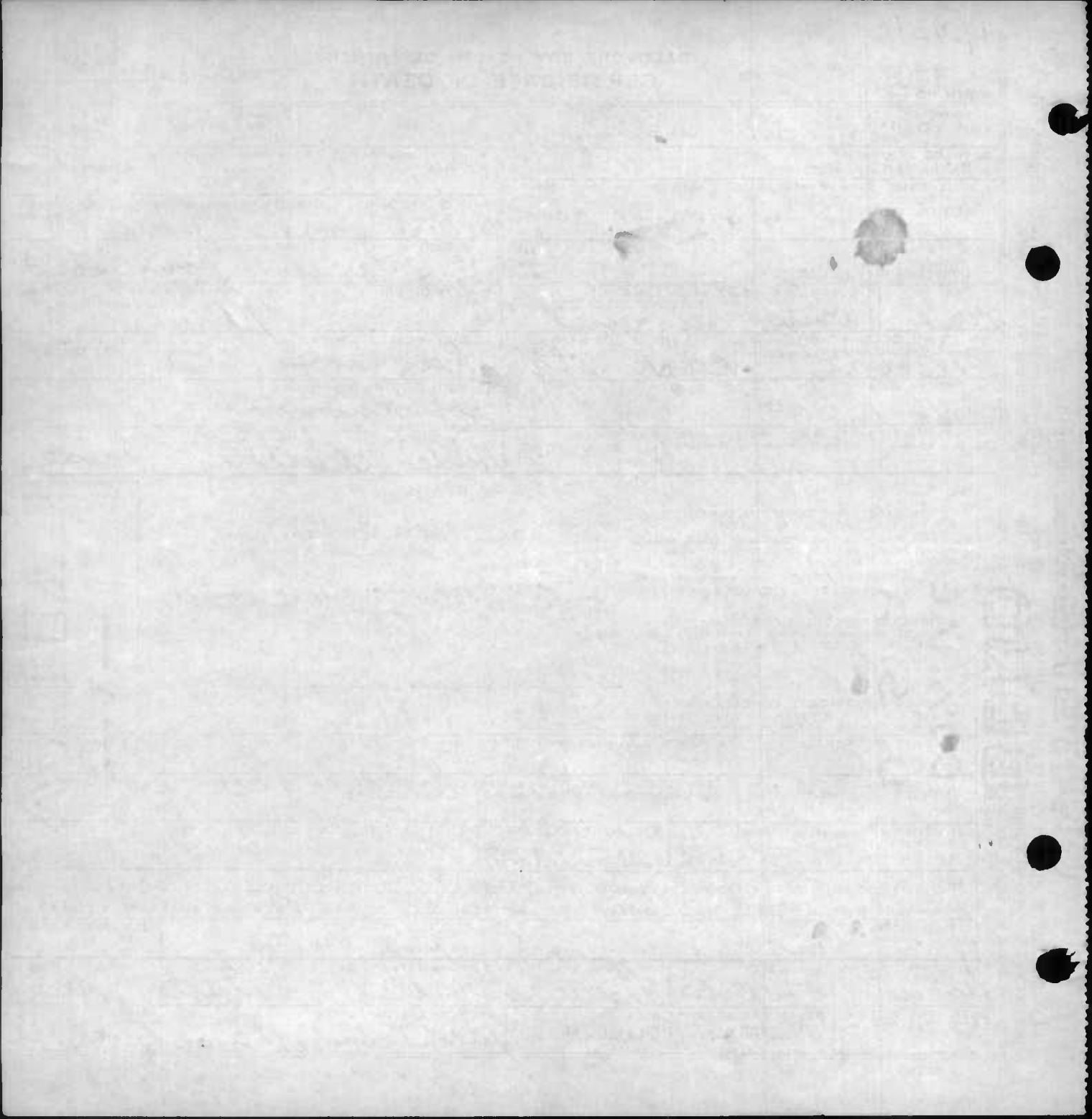
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Gutter Pl



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4402
Registered No.

BIRTH NO.

1. NAME OF DECEASED (LORETTA BULLOCK SUSEMIHL)

(Type or Print) *Loretta B. Susemihl*

2. DATE OF DEATH

May 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

48 Maryland General Hosp.

C. Length of stay in Baltimore

life

5. SEX

Fe

6. COLOR OR RACE

white

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Long green P.O.

5300

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

Jan 25, 1899

9. AGE (In years last birthday)

51

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hsuf.

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

John Bullock

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Gollary

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

18.

581.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Pneumonia

(A)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

one week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

cirrhosis of liver - etiology unknown.

(C)

Myocardial failure - etiology undetermined

- 7

4 weeks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from *5/6*, 19*50*, to *5/13*, 19*50*, that I last saw the deceased alive on *5/12*, 19*50*, and that death occurred at *6:55 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Eelda J. Meier

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

5/13/50.

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTIMORE - 13, MARYLAND

Seay J. Sander

MAY 15 1950

[The page contains extremely faint, illegible text, likely bleed-through from the reverse side. The text is mirrored and cannot be transcribed accurately.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4403

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LORA JEFFERSON WEBER

2. DATE
OF
DEATH

MAY 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLANDB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE - 18

12-02

c. Length of stay in Baltimore 59 YRS.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3443 Guilford Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

MAR 7, 1864

9. AGE (In years
last birthday)

86

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

housewife

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

MILTON JEFFERSON

14. MOTHER'S MAIDEN NAME

ELLA NOBLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

HELEN JEFFERSON WEBER

SAME

18.

157X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Generalized carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of the pancreas

months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 25, 1950, to MAY 14, 1950, that I last saw the
deceased alive on MAY 14, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. F. Cox 3rd

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

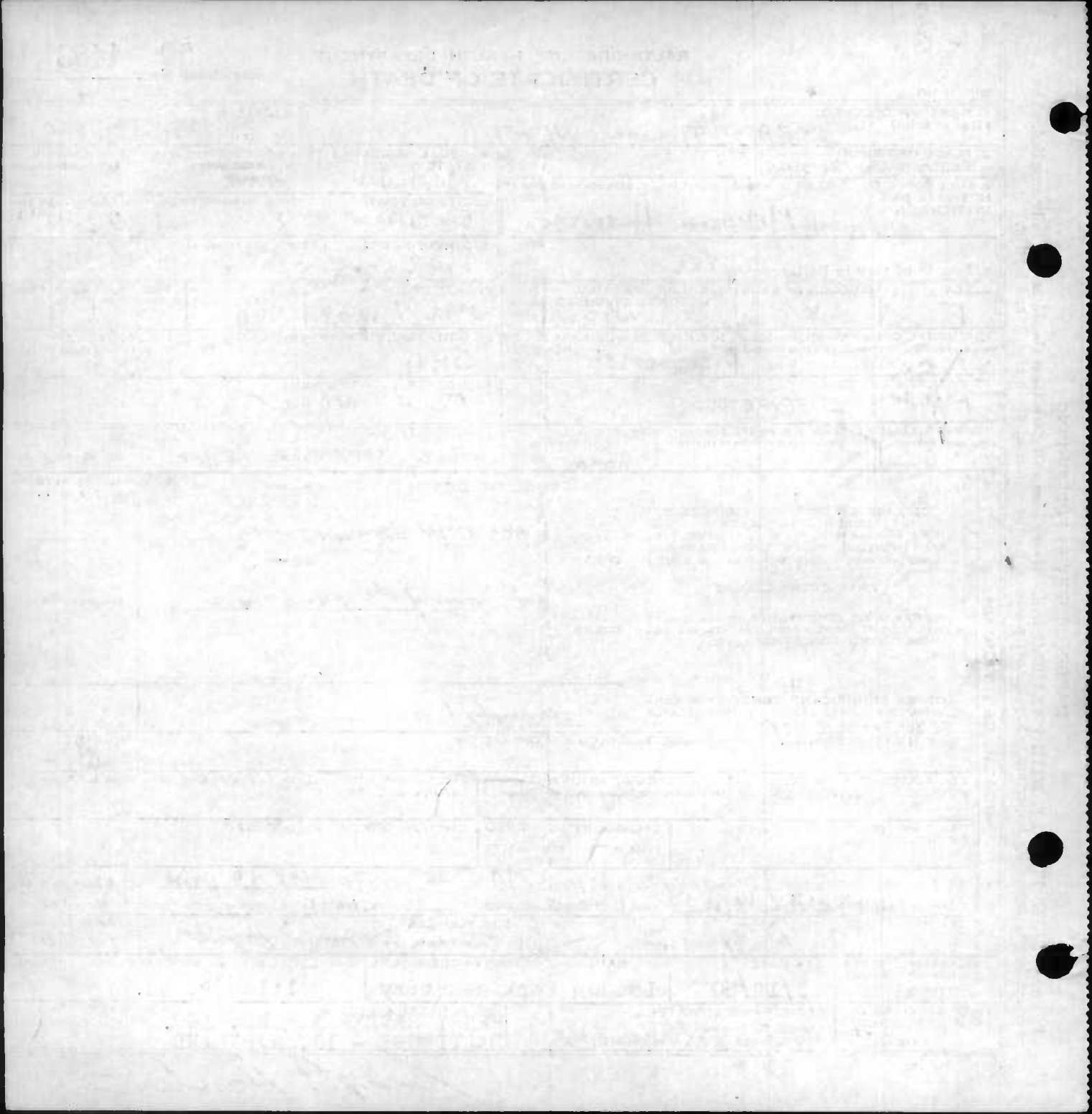
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLANDMAY 15 1950
VS 150

George F. Sander 469



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived or institution; residence
A. STATE B. COUNTY before admission)5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6. SEX

7. COLOR OR RACE

8. SINGLE MARRIED
WIDOWED DIVORCED (Specify)

9. DATE OF BIRTH

10. AGE (In years;
last birthday)11. Under 1 Year
Months Days
12. Under 24 Hours
Hours Min.13. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)14. KIND OF BUSINESS OR
INDUSTRY

15. BIRTHPLACE (State or foreign country)

16. CITIZEN OF
WHAT COUNTRY?

17. FATHER'S NAME

18. MOTHER'S MAIDEN NAME

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)20. SOCIAL
SECURITY NO.

21. INFORMANT

22. ADDRESS

23. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☐ NO ☒27. ACCIDENT, SUICIDE,
HOMICIDE (Specify)28. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)29. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)30. TIME (Month) (Day) (Year) (Hour)
OF INJURY

31. INJURY OCCURRED

32. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK33. I hereby certify that I attended the deceased from April 6, 1950, to May 11, 1950, that I last saw the
deceased alive on May 11, 1950, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

34. SIGNATURE

35. ADDRESS

36. DATE SIGNED

37. BURIAL, CREMA-
TION, REMOVAL (Specify)

38. DATE

39. NAME OF CEMETERY OR CREMATORY

40. LOCATION (City, town, or county) (State)

41. DATE RECEIVED BY
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

43. FUNERAL DIRECTOR

44. ADDRESS

CONGRESS

2-1-10

1900

ET A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4405
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Conrad Bickel

2. DATE
OF
DEATH

May 14, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland 120 S. Rochester Place

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

1-02

D. STREET ADDRESS (If rural, give location)

120 Rochester Place

c. Length of stay in Baltimore

Life

Yrs.

Mos.

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

October 20, 1878

9. AGE (In years

last birthday)

71

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Manager

10B. KIND OF BUSINESS OR INDUSTRY

American Optical

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Simon Bickel

14. MOTHER'S MAIDEN NAME

Maria Arold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-01-1729

17. INFORMANT

ADDRESS

Mrs. John H. Foertsch 120 S. Rochester Pl

18. 4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. Kelpick

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

5/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-17-50

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

4701 German Hill Rd., Md.

DATE RECEIVED BY LOCAL REGISTRAR

RECEIVED BY REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

Charles S. Zeiler 901 S. Conkling

MAY 15 1950

224 42

94a

ASTOR LENOX TILDEN FOUNDATION

1897

1897

1897

1897

1897

1897

1897

1897

1897

1897

1897

1897

1897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAMIE KAPLAN

2. DATE
OF
DEATH

5/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

42 SINA, HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Georgia

B. COUNTY

V-19

C. CITY OR TOWN

Augusta

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1881

9. AGE (In years
last birthday)

69

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Samuel Slutsky

14. MOTHER'S MAIDEN NAME

Florence ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Samuel Kaplan- Lyons, Georgia

18. 201X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hodgkin's Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1950, to 5/14, 1950, that I last saw the
deceased alive on 5/14, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Epstein M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5-15-50

24C. NAME OF CEMETERY OR CREMATORY

Augusta, Georgia

24D. LOCATION (City, town, or county)

Augusta, Georgia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 15 1950

REGISTRAR'S SIGNATURE

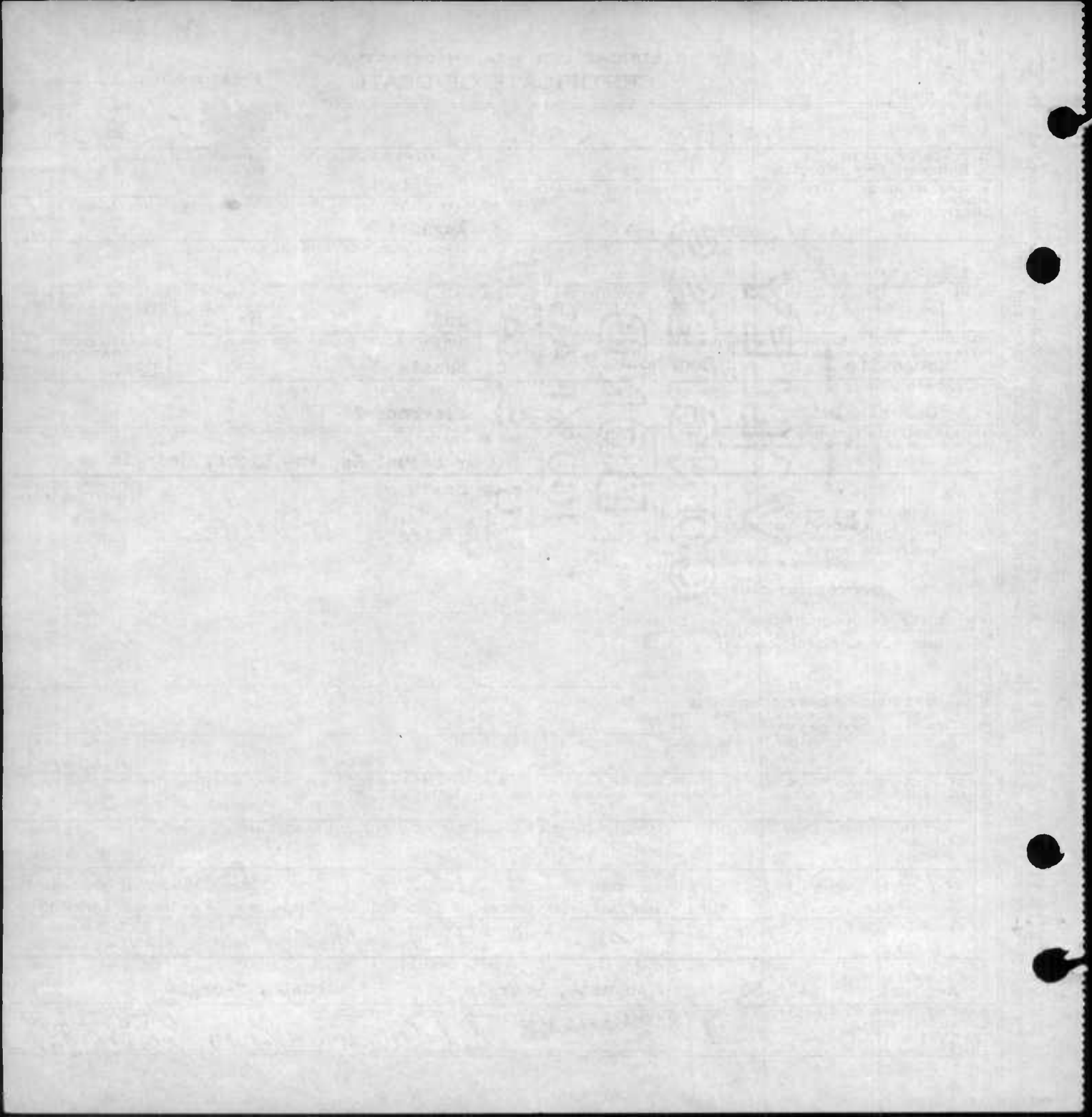
William H. Williams

25. FUNERAL DIRECTOR

Sal. Grinson & Bros

ADDRESS

1124 - 26 W North Ave.



W-252

50 4407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4407
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gilbert Washington

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1119 W. Franklin St. Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

1119 W. Franklin St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 25, 1879

9. AGE (in years last birthday)

71

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

Springwood Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Clement Washington

14. MOTHER'S MAIDEN NAME

Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS James Washington & Franklin

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardiac Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Nephritis

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to May 12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at May 12, 1950, from the causes and on the date stated above.

23A. SIGNATURE

Dr. A. Johnson

23B. ADDRESS

2329 Queen St. L.

23C. DATE SIGNED

May 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-17-1950

24C. NAME OF CEMETERY OR CREMATORY

Zion Cem. Lansdowne Md.

24D. LOCATION (City, town, or county) (State)

Lansdowne Md.

DATE SIGNED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N Schroeder St

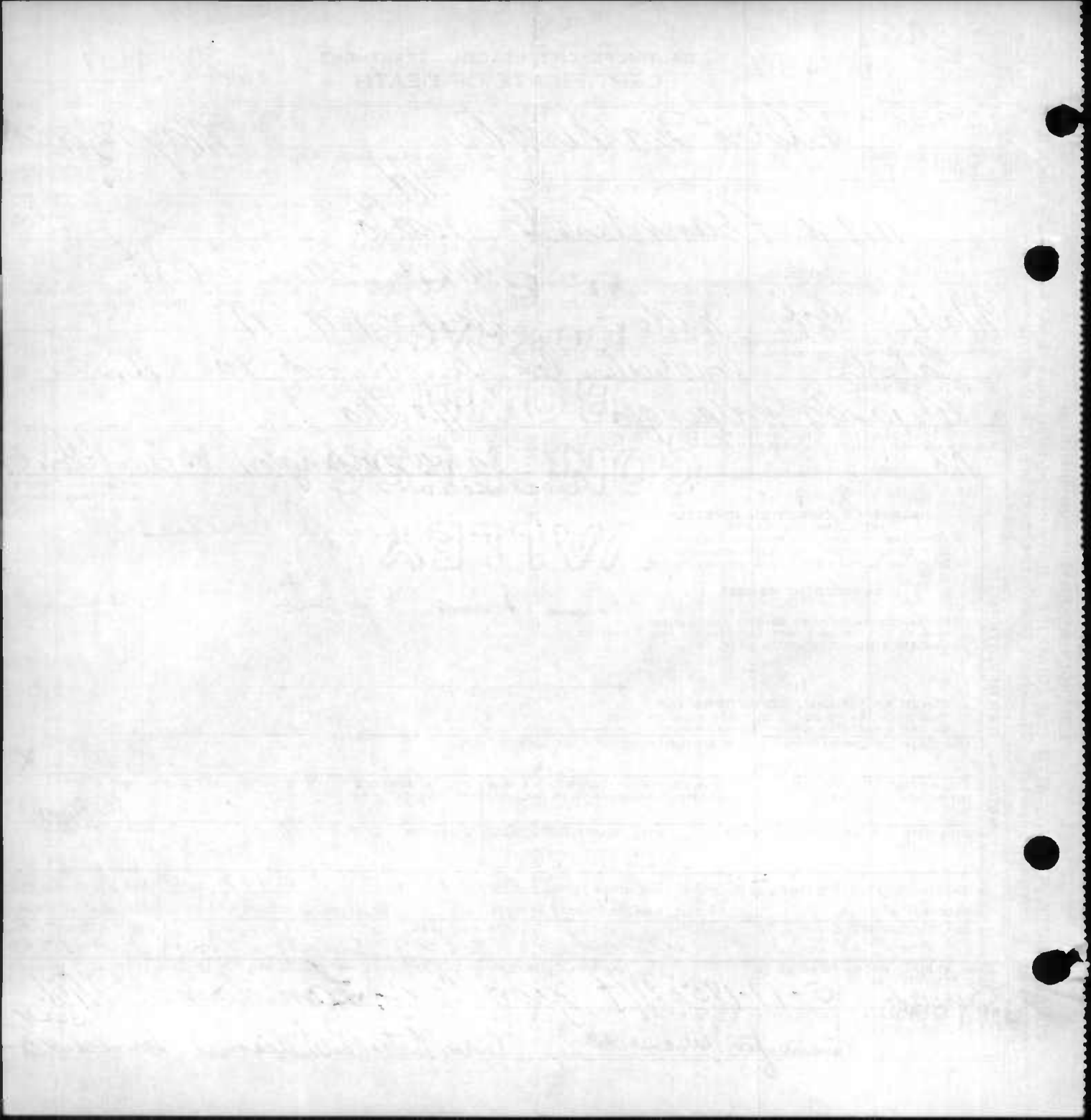
VS 150

988V9

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



B-346
50 4408BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4408
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jane Butler

2. DATE
OF
DEATH

May 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

70 1200 Valley St.

Yrs.

Mos.

Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto.

17-01

D. STREET ADDRESS (If rural, give location)

600 W Biddle St.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 6, 1853

9. AGE (In years,
last birthday)

96

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Charles Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

Benjamin Williams

14. MOTHER'S MAIDEN NAME

Sara Handford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS 532 N. Carrollton

Bertina Putton

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Extensive Cardio Vascular Disease

DUE TO

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis

DUE TO

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from mch 1 - 1950, to may 12 - 1950, that I last saw the
deceased alive on may 12, 1950, and that death occurred at 10-15 A.m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

May 13 - 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-16-1950

24C. NAME OF CEMETERY OR CREMATORY

New Calverly Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Hattie R. Williams & Schroeder

ADDRESS 322

1947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Bessie Warsey

2. DATE
OF
DEATH

May 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

Married

8. DATE OF BIRTH

May 6, 1901

9. AGE (In years
last birthday)

49

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Campbell

14. MOTHER'S MAIDEN NAME

Bessie Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypertensive Cerebrovascular Disease

DUE TO

10 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13-1950, to 5-13-1950, that I last saw the
deceased alive on 5-13-1950, and that death occurred at 7:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Sven Bokris

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/16/1950

24C. NAME OF CEMETERY OR CREMATORY

Union Setchell

24D. LOCATION (City, town, or county)

Randalltown, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

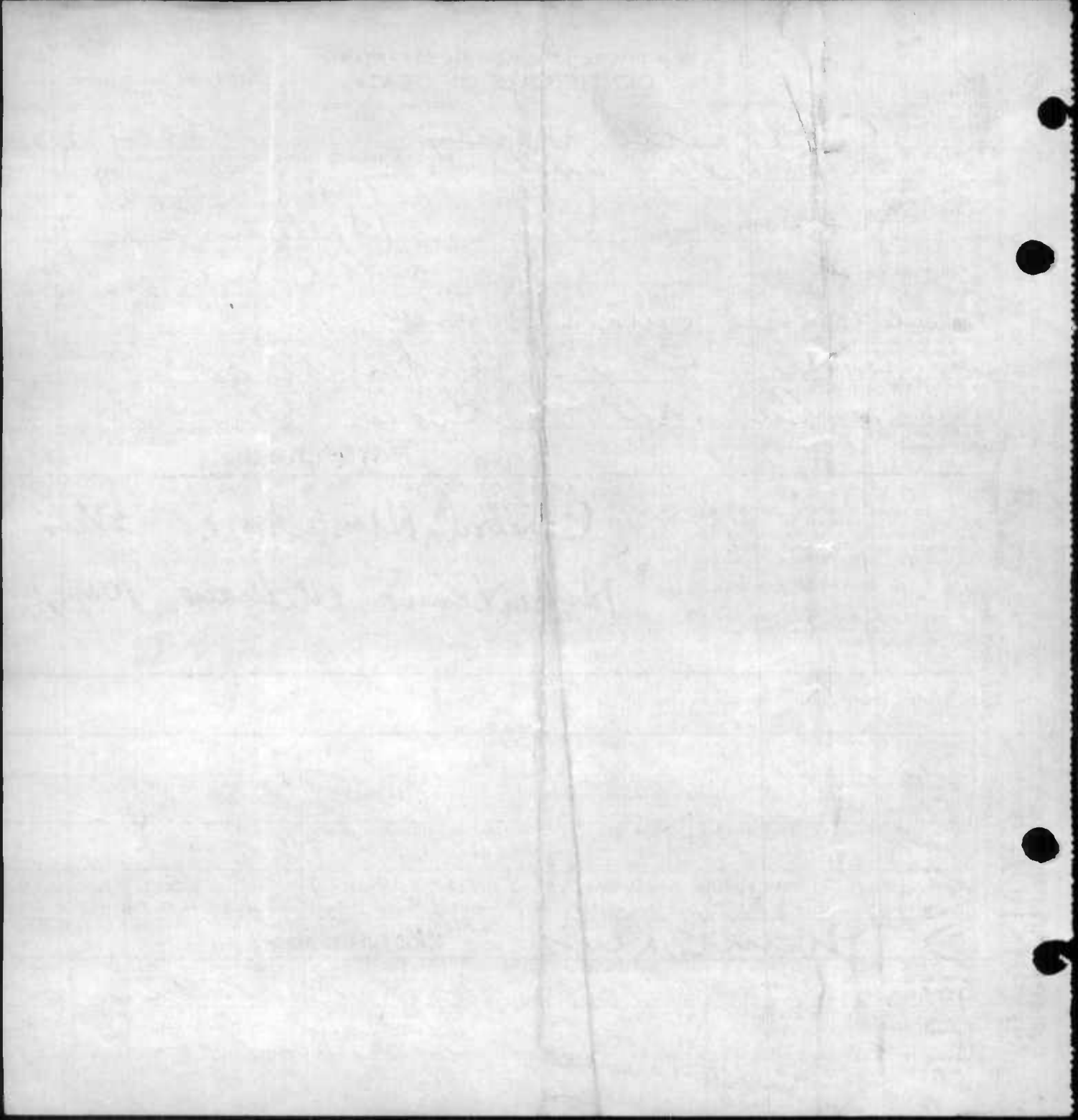
25. FUNERAL DIRECTOR

Holland Funeral Home
1631 Druid Hill Ave

ADDRESS

MAY 15 1950
VS 150

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4410
Registered No.

BIRTH NO. 50 4410

1. NAME OF DECEASED
(Type or Print)

STANISLAW J. DEMCHUCK

2. DATE
OF
DEATH

May-12-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

S.T. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Brooklyn

5200

D. STREET ADDRESS (If rural, give location)

204. Arundel Road

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-10-1892

9. AGE (In years last birthday)

57

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Car Repairman

10B. KIND OF BUSINESS OR INDUSTRY

B & O. R.R.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

W.S.A.

13. FATHER'S NAME

✓

14. MOTHER'S MAIDEN NAME

✓

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

705-12-2614

17. INFORMANT

ADDRESS

Anastasia Demchuck 204 Arundel Rd.

18.

140x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Lip with 3 yrs Regional Metastasis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hydrathorax, bilateral Pneumonia, Pt. Base

19A. DATE OF OPERATION

3-6-50

19B. MAJOR FINDINGS OF OPERATION

Metastatic Carcinoma (Cervical)

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6, 1950, to 5-12, 1950, that I last saw the deceased alive on 5-12, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Padonis

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May-17-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

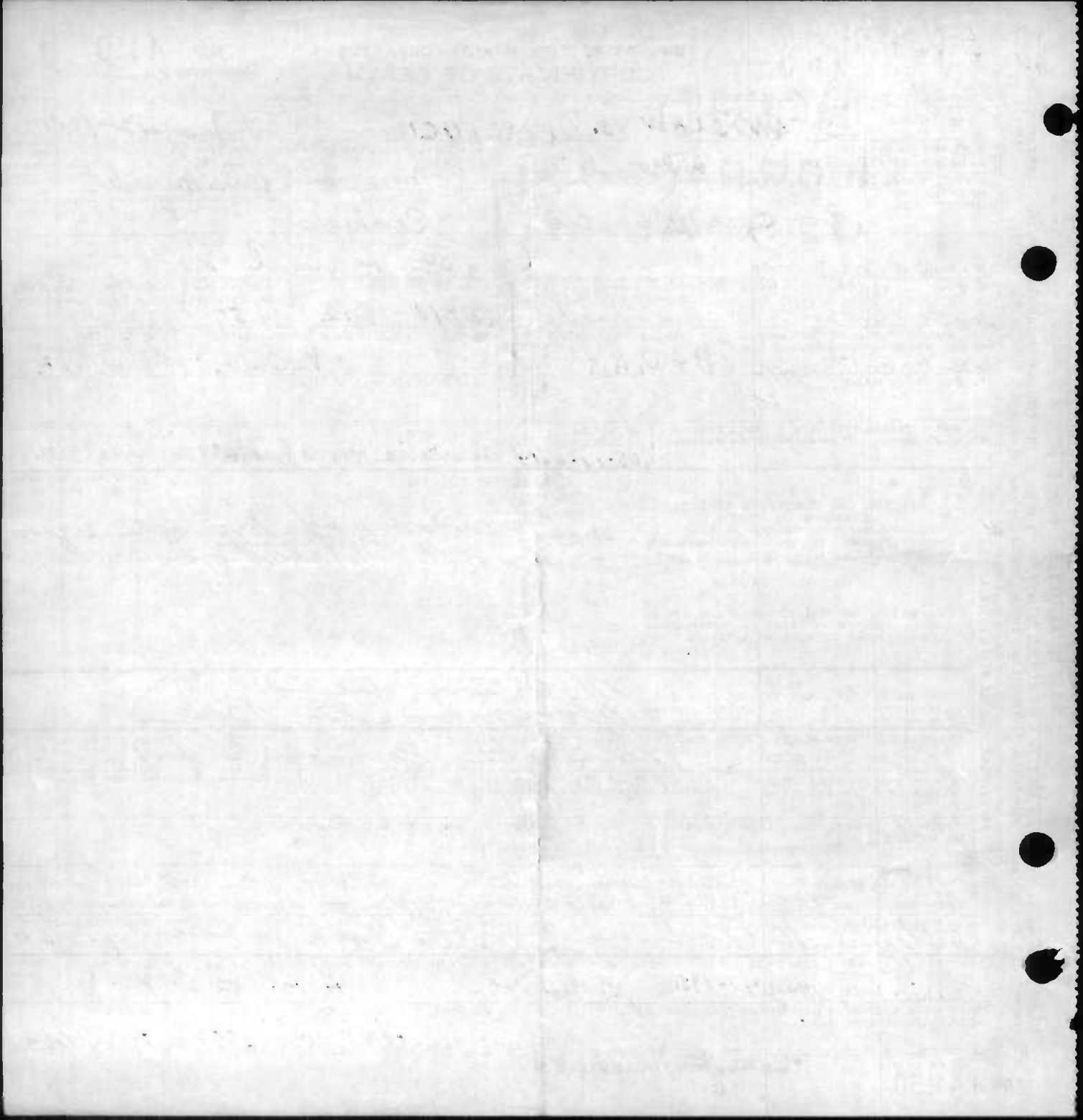
VS 150

MAY 15 1950

33447

45a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4411
Registered No. _____

BIRTH NO. 48-05012

1. NAME OF DECEASED (Type or Print) CHRISTINE SCHMIDT		2. DATE OF DEATH May 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2019 Ellsworth Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 26, 1948
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry W. Schmidt		14. MOTHER'S MAIDEN NAME Theresa M. Leath	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Henry W. Schmidt		ADDRESS 2019 Ellsworth St.	

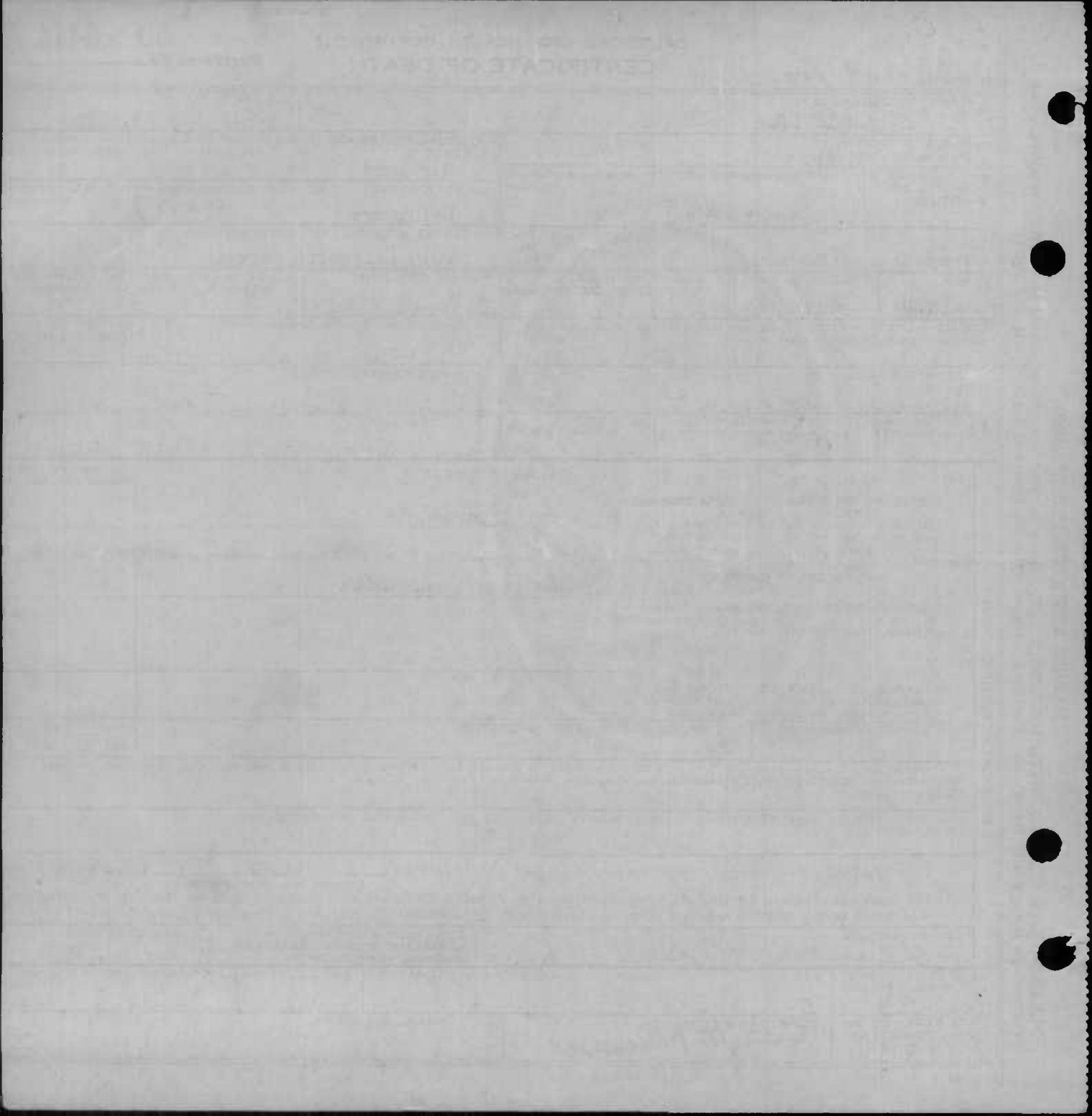
<p>18. 744.1 CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>(A) Focal pneumonia DUE TO</p> <p>ANTECEDENT CAUSES</p> <p>(B) Amyotonia congenita DUE TO</p> <p>(C) _____</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
---	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
<p>22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p>				

23A. SIGNATURE Stanley H. Dureacher M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 13, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5-13-1950	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 15 1950	REGISTRAR'S SIGNATURE Washington Williams	25. FUNERAL DIRECTOR		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4412

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Murray, Katherine B

2. DATE
OF
DEATH

5-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

46 West Baltimore Gen Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 20-04

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

21 S. Calverton Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4/17/1894 56

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William J. Murray

14. MOTHER'S MAIDEN NAME

Annie E. Cookley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Leo J. Murray 21 Calverton Rd.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Hypertensive arterio sclerosis
DUE TO Cardiovascular renal disease

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arteriovascular nephrosclerosis

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-11-1950 to 5-15-1950, that I last saw the deceased alive on 5-15-1950, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Marvin D. Davis

23B. ADDRESS

M. D. West Baltimore Gen Hosp

23C. DATE SIGNED

5-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

401 131a St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE Gertrude MUHLER

2. DATE
OF
DEATH

13 MAY 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

35 Church Home and Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 9-03

D. STREET ADDRESS (If rural, give location)

656 E. 37th St.

c. Length of stay in Baltimore

60

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

16 AUG 1890

9. AGE (In years

last birthday)

59

If Under 1 Year

Months

If Under 1 Year

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McGee

14. MOTHER'S M maiden NAME

MARY Ellen CURRAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Sally Adams Church Home Hosp.

18. 560.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolus, post-operative

15 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Trans thoracic diaphragmatic hernia 36 lbs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerotic Heart Disease.

15 years

19A. DATE OF OPERATION

5. 11.50

19B. MAJOR FINDINGS OF OPERATION

Large Esophageal diaphragmatic hernia.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from April 23, 1950, to MAY 13, 1950 that I last saw the
deceased alive on MAY 13, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Howard

23B. ADDRESS

Church Home Hospital

23C. DATE SIGNED

5. 13.50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

Immanuel

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

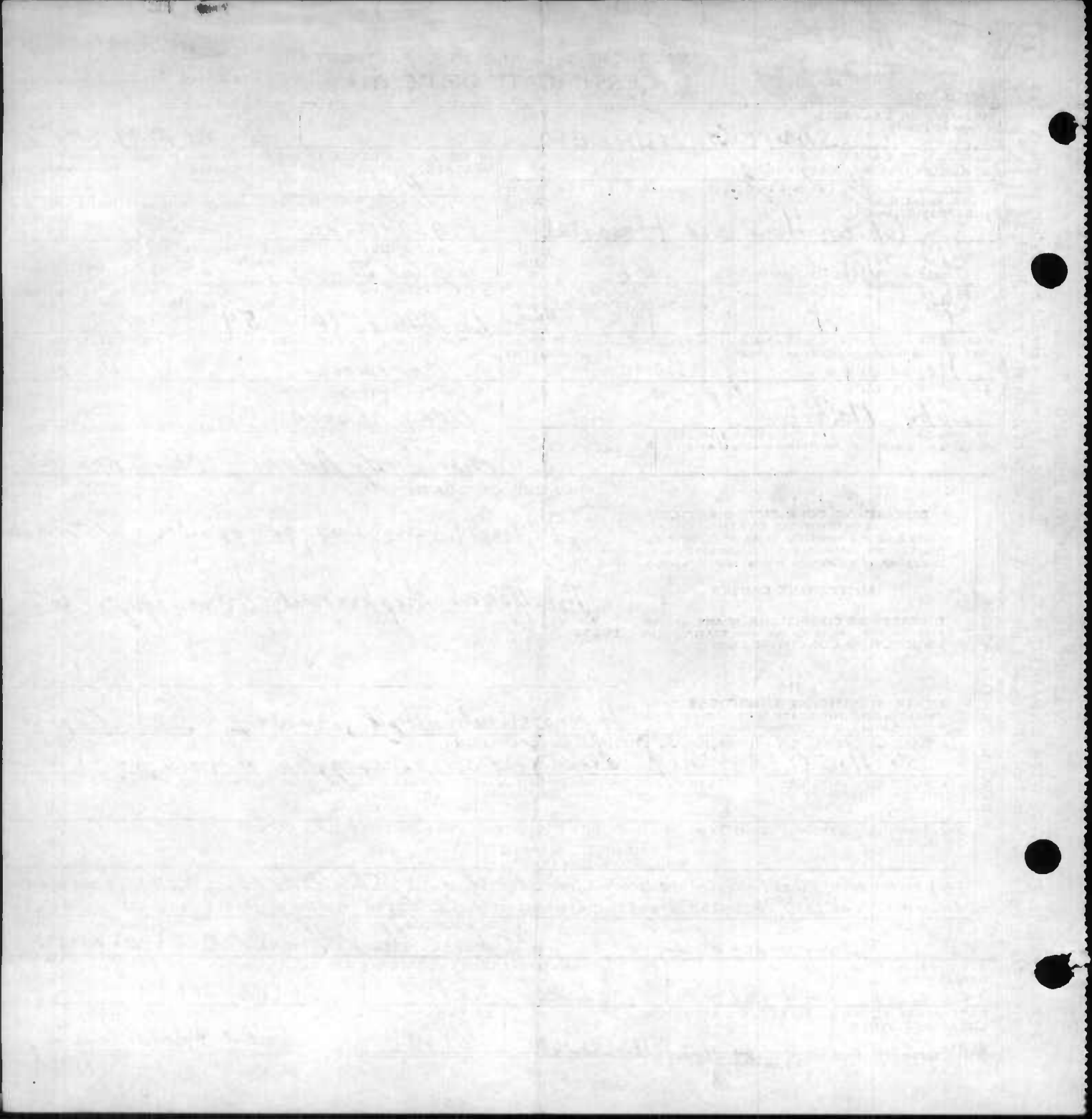
J. J. Telenor & Sons - Balto

MAY 15 1950

VS 150

122a

Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

M. BOWMAN HOOD M.D.

2. DATE
OF
DEATH

MAY 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland, Baltimore City, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

HOMEWOOD APTS. 2-M.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Balto. MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto. MD. 12-08D. STREET ADDRESS (If rural, give location)
HOMEWOOD APTS. BALTO. MD.

c. Length of stay in Baltimore

72

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

Physician

13. FATHER'S NAME

JOHN HOOD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None None

17. INFORMANT

BOWMAN J. HOOD M.D.

ADDRESS

317 BROXTON RD.
BALTO. MD.

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY OCCLUSION

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Bowman J. Hood

M. D.

23B. ADDRESS

2200 Garrison Blvd. Bk. 16, Md.

23C. DATE SIGNED

5-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons - Balto. Md.

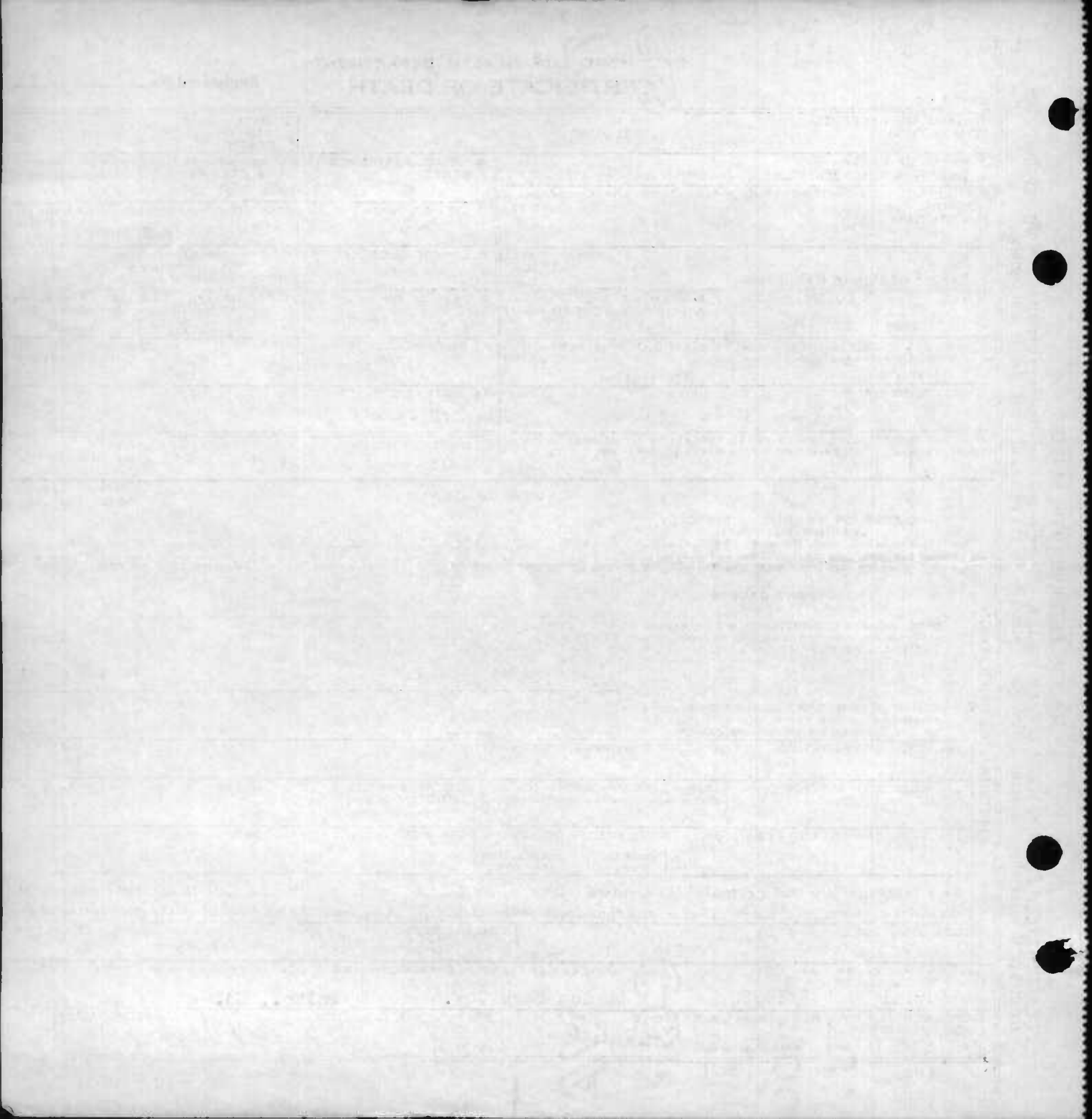
ADDRESS

MAY 15 1950

VS 150

V3292

94a



50 4416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4416

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALTON S. JUMP		May 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION 112 Enfield Rd.				A. STATE Md.	
C. CITY OR TOWN Baltimore				B. COUNTY	
D. STREET ADDRESS (If rural, give location) 112 Enfield Rd.					
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 21, 1897	9. AGE (in years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Lawson C. Jump				12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary Diggs					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Eva M. Jump 112 Enfield Rd.	

18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Coronary Insufficiency
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C) Chl. Bronchitis, assoc with several yrs. Broncho-pneum.

INTERVAL BETWEEN ONSET AND DEATH

5/11 - 5/14/50

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/11/50, 1950, to 5/14, 1950, that I last saw the deceased alive on 5/14, 1950, and that death occurred at 2:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE
Thurman J. Gurley
M. D.
23B. ADDRESS
6. W. Madison St.
23C. DATE SIGNED
5/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/16/50		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thm. J. Lickner & Sons		ADDRESS Baltimore, Md.	

CERTIFICATE OF BIRTH

STATE OF TEXAS

County of _____

City of _____

Birth Date _____

Birth Time _____

Birth Place _____

Birth Weight _____

Birth Length _____

Birth Head _____

Birth Chest _____

Birth Arm _____

Birth Leg _____

Birth Foot _____

Birth Hand _____

Birth Finger _____

Birth Toe _____

Birth Nail _____

Birth Hair _____

Birth Skin _____

Birth Eyes _____

Birth Ears _____

G-536

50 4417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4417

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY GUNTHER

2. DATE
OF
DEATH

5-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

47

Hosp. for the Women
of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Park 15-10

D. STREET ADDRESS (If rural, give location)

3900 Harrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-18-'73

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Gunther

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William Gunther

Same

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Adenocarcinoma of transverse
colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Metastases to peritoneum
and pelvis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give location)

Partially

W.P.O.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1950 to 5-15, 1950, that I last saw the
deceased alive on 5-15, 1950, and that death occurred at 5:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. P. Benson, Jr.

M. D.

23B. ADDRESS

Women's Hosp.

23C. DATE SIGNED

5-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/18/50

24C. NAME OF CEMETERY OR CREMATORY

1st United Evang. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Schenker & Sons - Balto

ADDRESS

md

MAY 1950

46E

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED _____

RESIDENCE _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

PERMANENT CAUSE OF DEATH _____

IMMEDIATE CAUSE OF DEATH _____

INTERMEDIATE CAUSE OF DEATH _____

PRE-EXISTING DISEASES _____

OPERATION _____

DATE OF OPERATION _____

PLACE OF OPERATION _____

NAME OF OPERATOR _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

PERMANENT CAUSE OF DEATH _____

IMMEDIATE CAUSE OF DEATH _____

INTERMEDIATE CAUSE OF DEATH _____

PRE-EXISTING DISEASES _____

OPERATION _____

DATE OF OPERATION _____

PLACE OF OPERATION _____

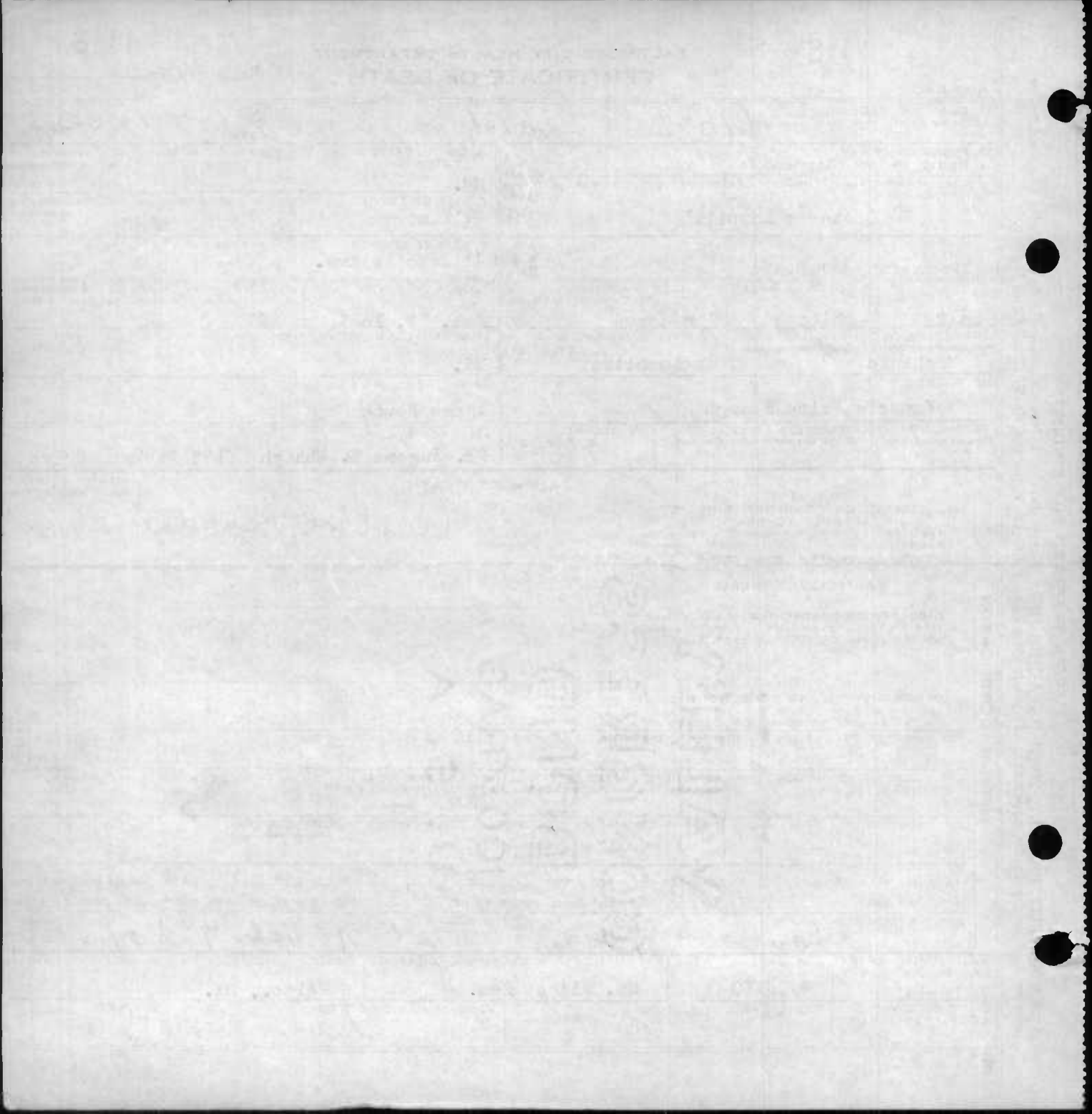
NAME OF OPERATOR _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF DEATH _____

PLACE OF DEATH _____



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Phyllis Ann Oliver

2. DATE
OF
DEATH

5/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
A.A.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Gambrills5200

c. Length of stay in Baltimore

43Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Robinson farm.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 10

9. AGE (In years last birthday)

7

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Oliver

14. MOTHER'S MAIDEN NAME

Geneva Fellers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

JOHN OLIVER

ADDRESS

GAMBRILLS, MD18. 790.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Drumstick / unknown(B) regin

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14/50, 1950, to 5/14/50, 1950, that I last saw the deceased alive on 5/14/50, 1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Sarnu

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 16 1950

24C. NAME OF CEMETERY OR CREMATORY

CHURCH OF GOD

24D. LOCATION (City, town, or county)

GAMBRILLS

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 16 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Thomas W. Slaughter

ADDRESS

Gen Burnie

STATE OF NEW YORK
IN SENATE

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W-452
50 4420BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4420

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAMS, Harriet

2. DATE
OF
DEATH

5/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Harford

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

39

Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Edgewood

D. STREET ADDRESS (If rural, give location)

66 Battle Street

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (In years last birthday)

78

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Clarks Chapel

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Williams

14. MOTHER'S MAIDEN NAME

Rachael Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leon Williams Philadelphia, Pa

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular Dis.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/12 30 1950 to 5/14, 1950, that I last saw the deceased alive on 5/13, 1950 and that death occurred at 11 A.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III

M. O.

23B. ADDRESS

Provident

23C. DATE SIGNED

5/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-18-50

24C. NAME OF CEMETERY OR CREMATORY

Clarks Chapel

24D. LOCATION (City, town, or county)

Near Bel-air, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 16 1950

REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

Bullock Mortuary

ADDRESS

Harrods Place, Md.

St. Louis, Mo.

Charles C. Chapman

Charles C. Chapman
Two volumes, 1881-1882

Volume 1

Volume 2

Volume 3

Volume 4

Volume 5

Volume 6

Volume 7

Volume 8

Volume 9

Volume 10

8-18-20 Charles C. Chapman

1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daryn Schmidt Reed

2. DATE
OF
DEATH

5/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

48 Maryland General Hosp. Glen Burnie 5200

C. Length of stay in Baltimore

Eleven Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

205 Greenway N.W.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1-9-06

9. AGE (in years
last birthday)

44

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME.

11. BIRTH PLACE (State or foreign country)

BROOKLYN New York

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CARL C.F. Schmidt

14. MOTHER'S MAIDEN NAME

Gaphie CHRISTENSEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

24-764517

17. INFORMANT

ADDRESS

Husband JC Reed as above

18.

581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anemia (Hbgs 14%)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Massive diffuse capillary
gastrointestinal hemorrhage

DUE TO

(C)

Laennec's Cirrhosis

Terminal

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Hypostatic pneumonia RHL

5 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14, 1950, to 5-14, 1950, that I last saw the
deceased alive on 5/14, 1950, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Carter M.D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

MAY 18, 1950

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAYEN

24D. LOCATION (City, town, or county)

GLEN BURNIE, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 16 1950

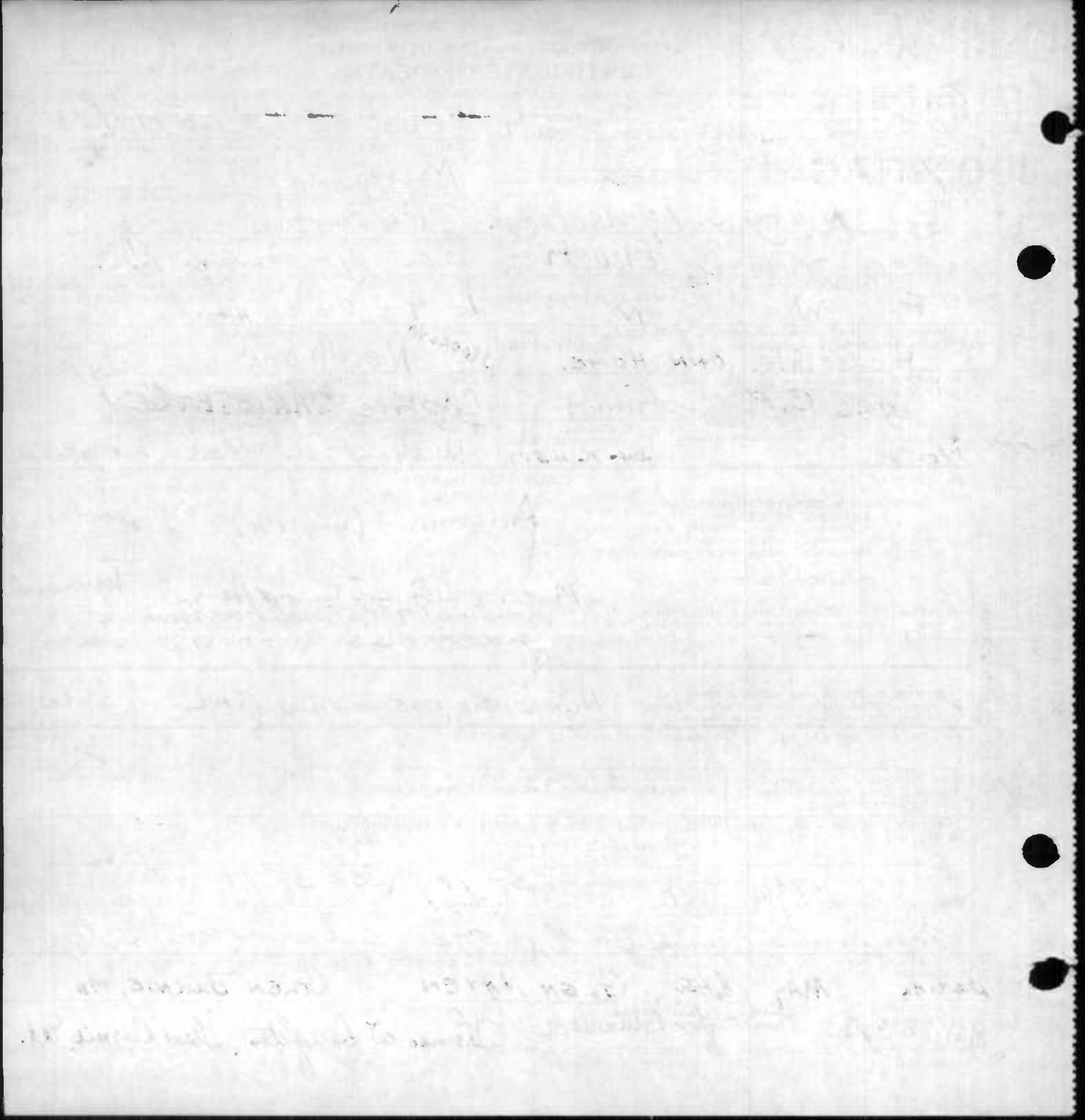
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thomas W. Augsten, Glen Burnie, Md.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 4422

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Stephen Lee Collier

2. DATE
OF
DEATH

May 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

37 Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-08

D. STREET ADDRESS (If rural, give location)

604 Grantley St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 15, 1899 81

9. AGE (If years last birthday)

10 Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Sea Food Business

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo. Collier

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Herbert Kirwan, 604 Grantley St

18.

153X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia - Pulmonary Edema

2 days

ANTECEDENT CAUSES

(B) DUE TO

Heart Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

Carcinoma large bowel

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 3, 1950

19B. MAJOR FINDINGS OF OPERATION

Carcinoma large bowel & obstruction

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1950, to May 14, 1950, that I last saw the deceased alive on May 13, 1950, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford J. Riddle Jr. M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

5/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

Western Edmondson Ave. + Longwood St

24D. LOCATION (City, town or county) State

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 16 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry A. Witzke, 4101 Edmondson Ave.

ADDRESS

ALBERTA GOVERNMENT

THE ATTORNEY GENERAL
EDMONTON, ALBERTA

EDMONTON, ALBERTA

EDMONTON, ALBERTA

EDMONTON, ALBERTA

EDMONTON, ALBERTA

EDMONTON, ALBERTA

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EDMONTON, ALBERTA

EDMONTON, ALBERTA

EDMONTON, ALBERTA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 48-193561. NAME OF DECEASED
(Type or Print)JENNIE G. KNELLINGER2. DATE
OF
DEATH5-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONUniversity Hosp

c. Length of stay in Baltimore

1 1/2Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MDBALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. 18-03

D. STREET ADDRESS (If rural, give location)

36 S. Schroeder St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 10, 1948

9. AGE (In years last birthday)

1 1/2If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Knellinger

14. MOTHER'S MAIDEN NAME

Eileen Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Charles Knellinger, 36 S. Schroeder St.18. 204.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ACUTE MYELOID LEUKEMIA

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 - 2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-50, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert K. Speers M.D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

5/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

London Pl. 3801 Frederick Rd. Balt. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

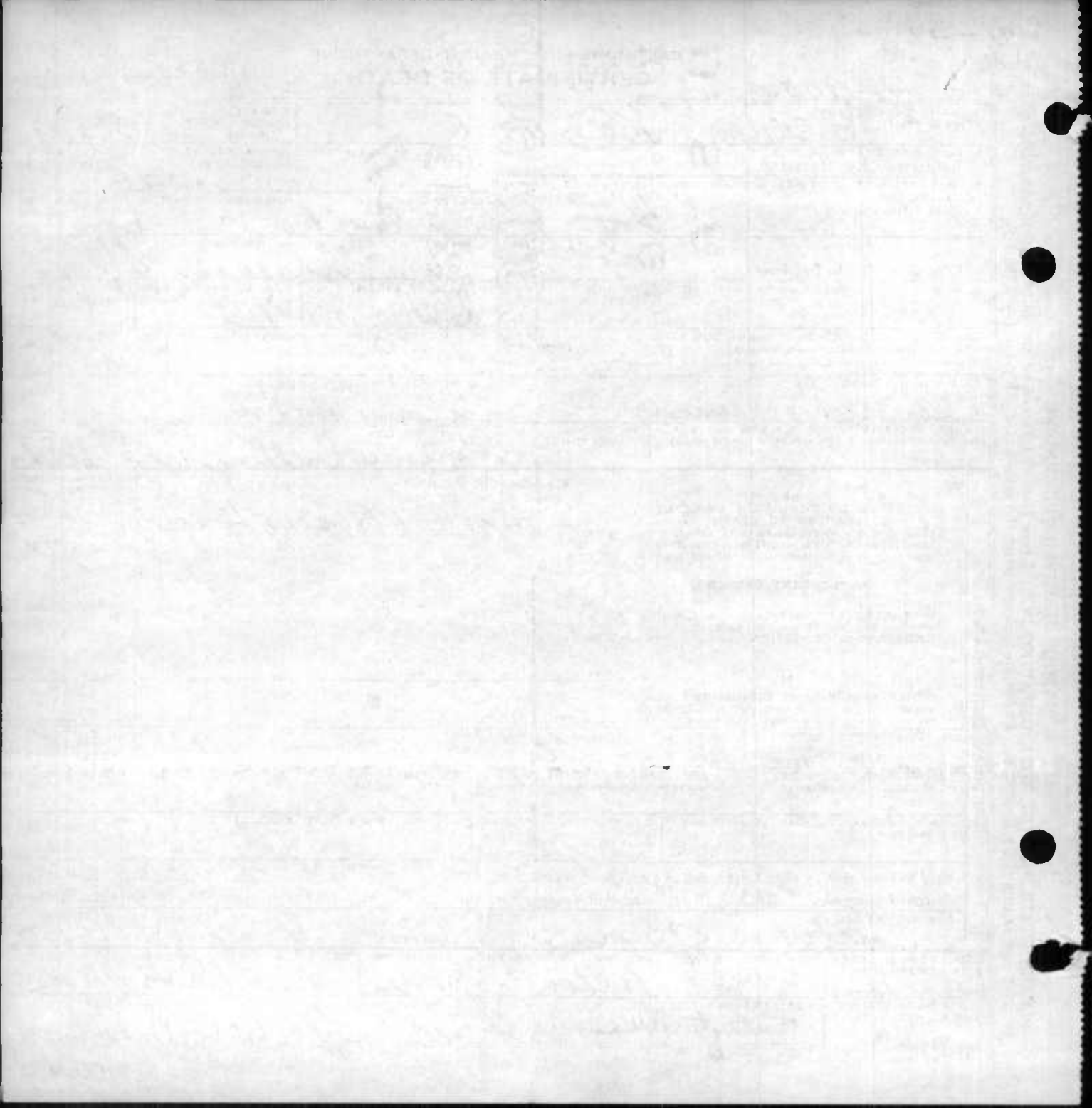
ADDRESS

Harry A. Witzke, 4101 Edmondson

MAY 16 1950

VS 150

74a Ave.



KISPERT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geo. W. Kispert

2. DATE
OF
DEATH

5/13/50 11:30 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5300 Brabant Ave

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 16-05

D. STREET ADDRESS (If rural, give location)

2428 W. Lafayette Ave

8. DATE OF BIRTH

9/8/1867

9. AGE (in years last birthday)

82

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clark

10B. KIND OF BUSINESS OR INDUSTRY

Record Room

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Kispert

14. MOTHER'S MAIDEN NAME

Katherine Weber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Johnna Kispert W. Lafayette Ave

18.

420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

50 years

(C)

Hypertension

50 years.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March*, 1939 to *May 12*, 1950 that I last saw the deceased alive on *5/12*, 1950, and that death occurred at *11:30* A. M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel J. Schwartz

M. D.

23B. ADDRESS

2320 Euteria Place

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/16/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 16 1950

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

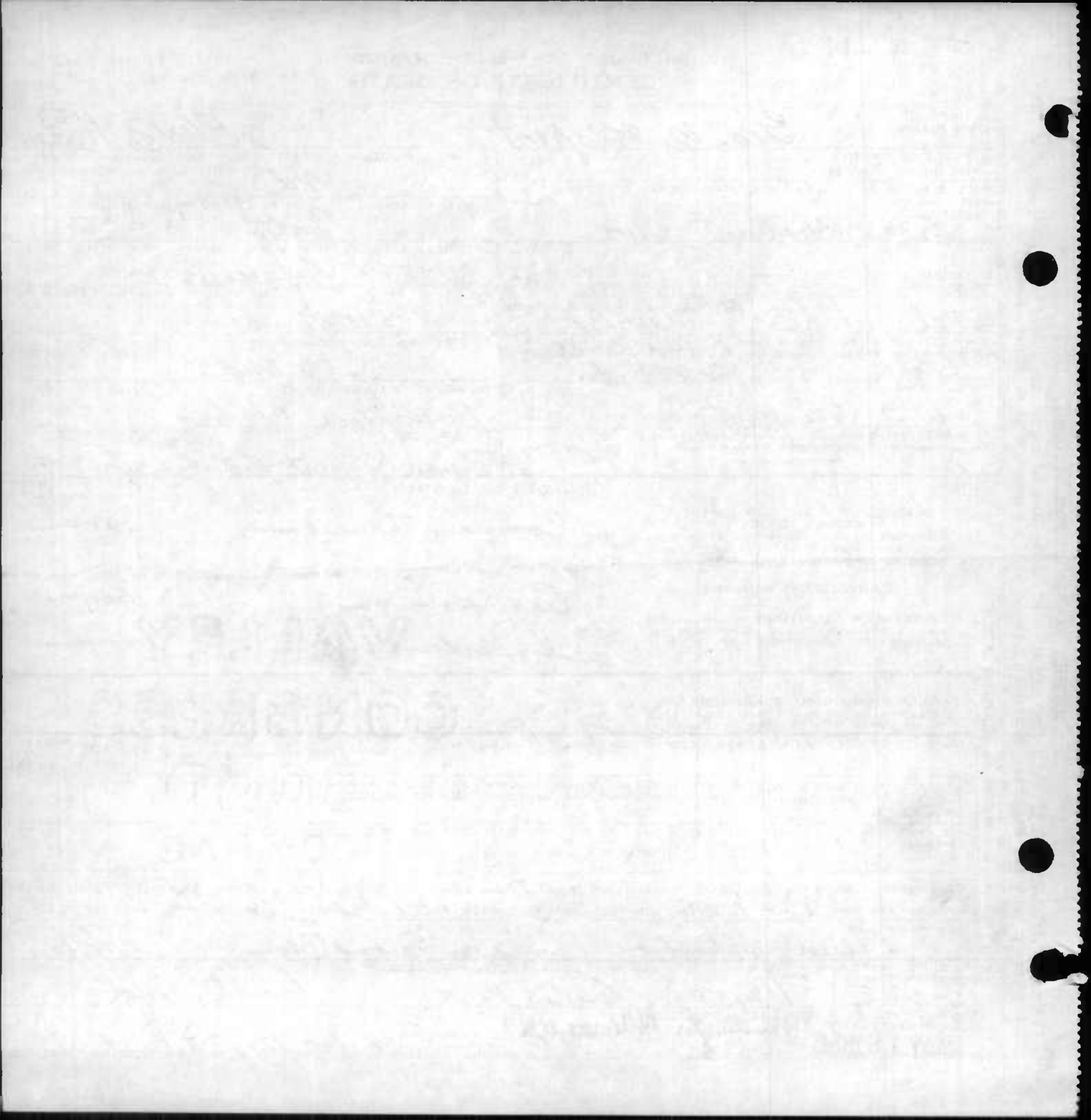
Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

VS 150

266 47

94a



A-6050 4426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4426
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Arthur Aro

2. DATE
OF
DEATH5/13/50 11¹⁰ PM

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1802 Thomas Ave

C. CITY OR TOWN

Balto 15-03

D. STREET ADDRESS (If rural, give location)

1802 Thomas Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/26/1880

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days

5 17

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Transit Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Thomas Aro

14. MOTHER'S MAIDEN NAME

Mable Matilda Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Esther Shackey 1802 Thomas Ave

18. 163X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Malignancy Lung
Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13, 1950, to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

N. C. Needler M.D.

23B. ADDRESS

2314 - W. N. N. Th

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRY

MAY 16 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St. Paul St.

ADDRESS

VS 150

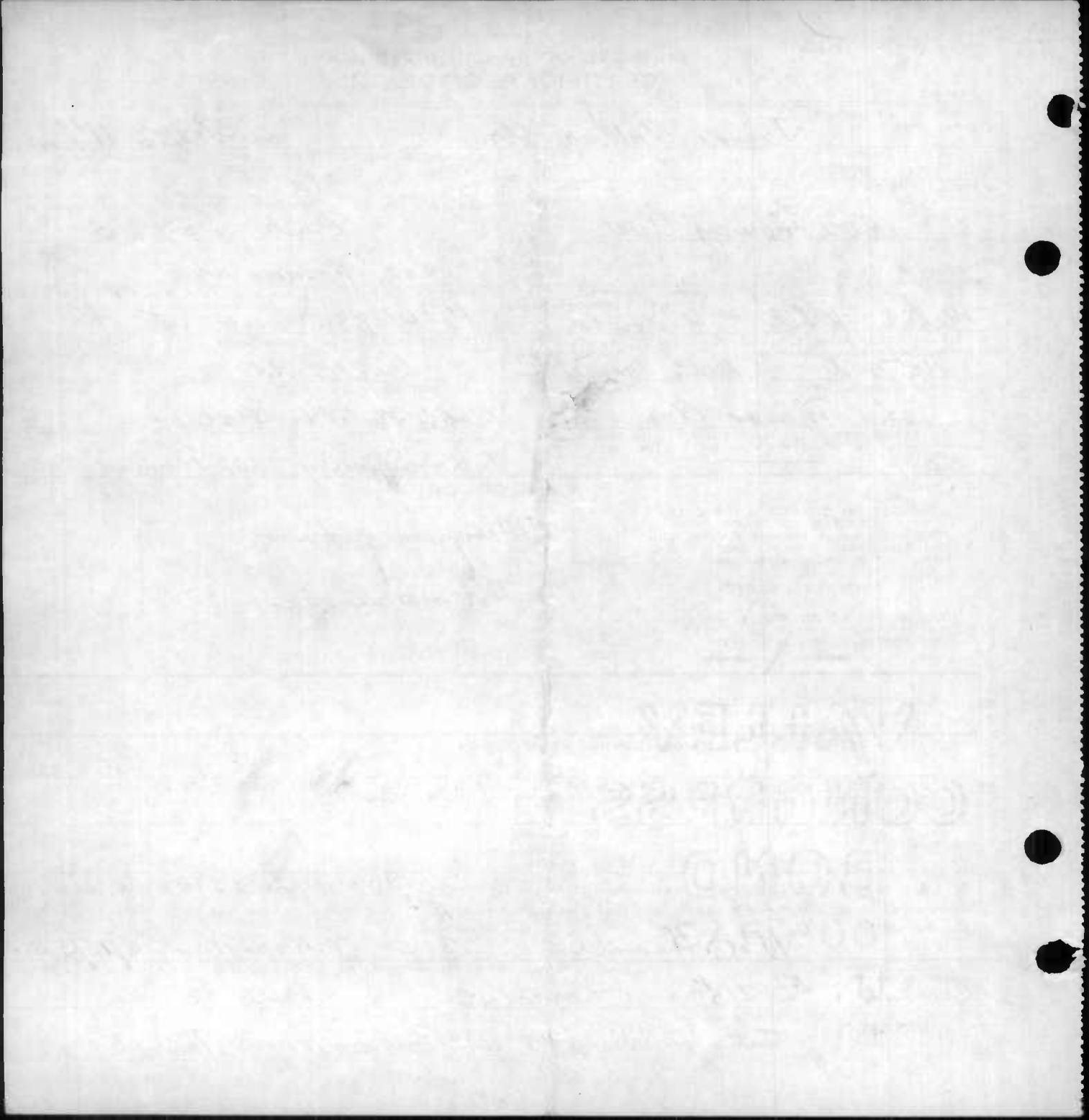
31649

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4427

BIRTH NO. <u>50 4427</u>		1. NAME OF DECEASED (Type or Print) <u>Dashields, James Russell</u>		2. DATE OF DEATH <u>5/15/50</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>25-04</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 SOUTH BALTIMORE GEN.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>			
c. Length of stay in Baltimore <u>LIFE.</u>		D. STREET ADDRESS (If rural, give location) <u>415 MAUDE AVE</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 8, 1896</u>	9. AGE (In years last birthday) <u>53</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREMAN</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>FIRE DEPT. BALTO. CITY</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
13. FATHER'S NAME <u>JAMES C. DASHIELDS</u>		14. MOTHER'S MAIDEN NAME <u>CARRIE MAY MC NEAL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>		17. INFORMANT <u>MARGARET D. POLK</u>	
				ADDRESS <u>415 MAUDE AVE.</u>	
18. <u>331X</u>		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>MASSIVE CEREBRAL HEMORRHAGE</u>			
DUE TO					
ANTECEDENT CAUSES		(B) <u>ESSENTIAL HYPERTENSION</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., lo or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/15</u> , 19 <u>50</u> , to <u>5/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>50</u> , and that death occurred at <u>5:55 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Samuel P. Scabia</u>		23B. ADDRESS <u>1213 Light Street</u>		23C. DATE SIGNED <u>5/15/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>5/19/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>W. CEDAR HILL</u>	
24D. LOCATION (City, town, or county) (State) <u>RITCHIE HIGHWAY</u>		25. FUNERAL DIRECTOR <u>JOHN F. DENNY, INC.</u>			
DATE RECEIVED <u>5/15/50</u>		REGISTRAR'S SIGNATURE <u>William M. Williams</u>		ADDRESS <u>715 LIGHT ST - 30</u>	

CERTIFICATE OF DEATH

John Doe

Name of Deceased		John Doe	
Date of Birth		1900-01-01	
Place of Birth		New York, N.Y.	
Sex		Male	
Race		White	
Marital Status		Married	
Occupation		Teacher	
Cause of Death		Heart Disease	
Date of Death		1950-03-15	
Place of Death		Home	
Signature of Physician		[Signature]	
Signature of Registrar		[Signature]	
Signature of Family Member		[Signature]	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 4428**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**John Leonard Thompson**2. DATE
OF
DEATH**May 13, 1950**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 23-02

d. STREET ADDRESS (If rural, give location)

1572 LIGHT ST.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

MARCH 5, 19029. AGE (In years
last birthday)**48**11 Under 1 Year
Months Days12 Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**CARPENTER**10b. KIND OF BUSINESS OR
INDUSTRY**CONSTRUCTION**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ERNEST THOMPSON

14. MOTHER'S MAIDEN NAME

Helen Lee15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Thompson 1572 LIGHT ST18. **E902.3**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **FRACTURE OF SKULL****11 hrs**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Westland Gardens21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**Wilkins Avenue and Leeds Avenue 5300**

21d. TIME (Month) (Day) (Year) (Hour)

May 13, 1950**8:30 A. m.**

21e. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

Fell from about 30' scaffold to ground

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. S. Fisher M.D.23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

4/14/5024a. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24b. DATE

5-16-50

24c. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24d. LOCATION (City, town, or county)

FREDERICK RD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

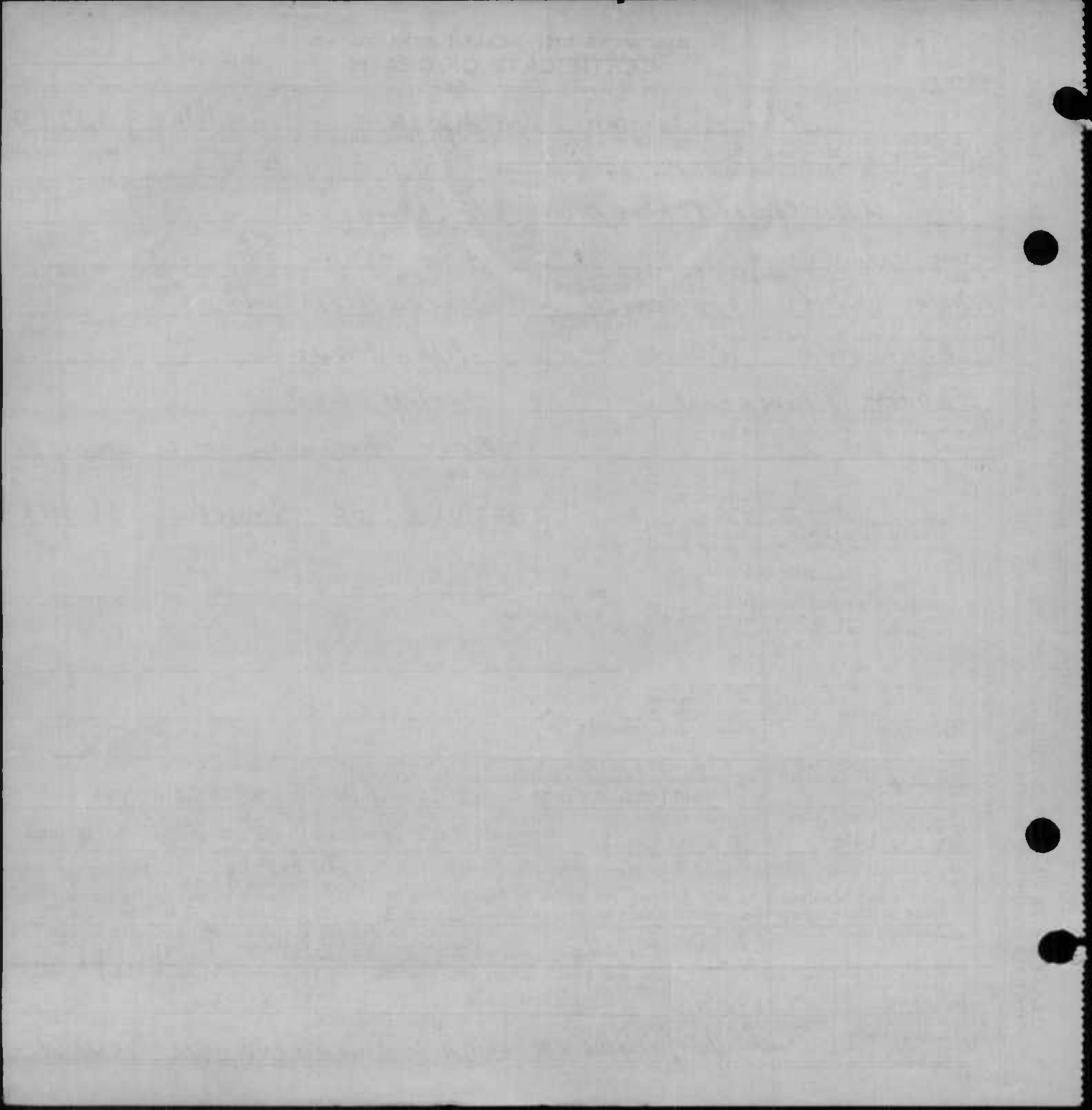
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John F Denny INC 715 LIGHT ST.



W-300
50 4429

50 4429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ABRAM WOOD

2. DATE
OF
DEATH

5-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

80 2477 Gallow Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

D. STREET ADDRESS (If rural, give location)

2477 Gallow Ave

C. Length of stay in Baltimore

40

Yrs.
Mons.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

67

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Mislabours Merchandise

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Rose Wood 2477 Gallow Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

General Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1943 to May 15th, 1950, that I last saw the
deceased alive on May 15th, 1950, and that death occurred at 10¹⁵ H. M., from the causes and on the date stated above.

23A. SIGNATURE

HARRIS H. BLX

M. O.

23B. ADDRESS

2516 Linden Ave.

23C. DATE SIGNED

5-15-50

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

5-16-50

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Gallow Pl

MAY 16 1950

VS 150

15665

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

RECEIVED

NOV 10 1964

VALLEY

CLONING

1964

RECEIVED

MARGIN RESERVED FOR BINDING

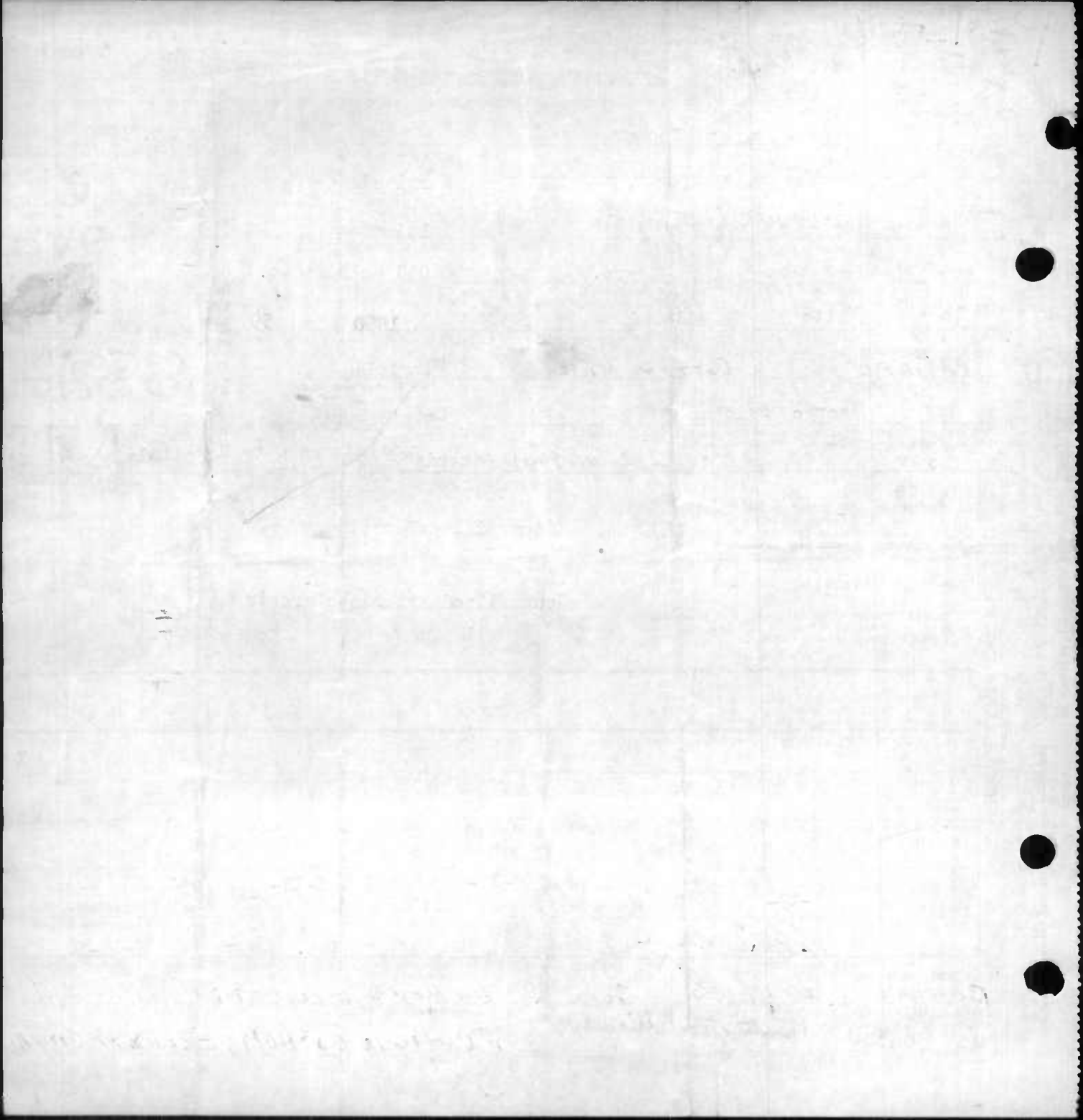
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

<div style="display: flex; justify-content: space-between;"> P-4-137656 50 4430 </div>		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 4430 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) George Thomas Pilcher			2. DATE OF DEATH May 13, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03		
c. Length of stay in Baltimore 2 yrs.			D. STREET ADDRESS (If rural, give location) 2013 Hollins St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 28, 1890	9. AGE (in years last birthday) 59	10 Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) RETIRED FOREMAN COTTON MILL			11. BIRTHPLACE (State or foreign country) Virginia		
13. FATHER'S NAME George Pilcher			14. MOTHER'S MAIDEN NAME Delsie Burton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 212-01-9442		
17. INFORMANT ADDRESS Records* Baltimore City Hospitals 4940 Eastern Ave.					
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial infarction DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Generalized arteriosclerosis DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-29- , 1950, to 5-13- , 1950, that I last saw the deceased alive on 5-13- , 1950, and that death occurred at 11:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 5-14-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5-17-50		24C. NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD ELLICOTT CITY, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS F.C. HIGINBOTHOM, ELLICOTT CITY, MD.	

VS 150

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94a



M-523
50 4431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4431

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

MONSTEBERGER

2. DATE
OF
DEATH

May 11, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

125 Cheapside Alley

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-17-07

9. AGE (In years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR
INDUSTRY

at large

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Leonard

14. MOTHER'S MAIDEN NAME

Margaret Wachalen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

ADDRESS

Margaret Monteberger N.Y.

18.

002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic ulcerative pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Denlecher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 11, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5-16-50

24C. NAME OF CEMETERY OR CREMATORY

Lutheran-Astoria

24D. LOCATION (City, town, or county)

N. Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 16 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc

ADDRESS

1217 St. Paul St.

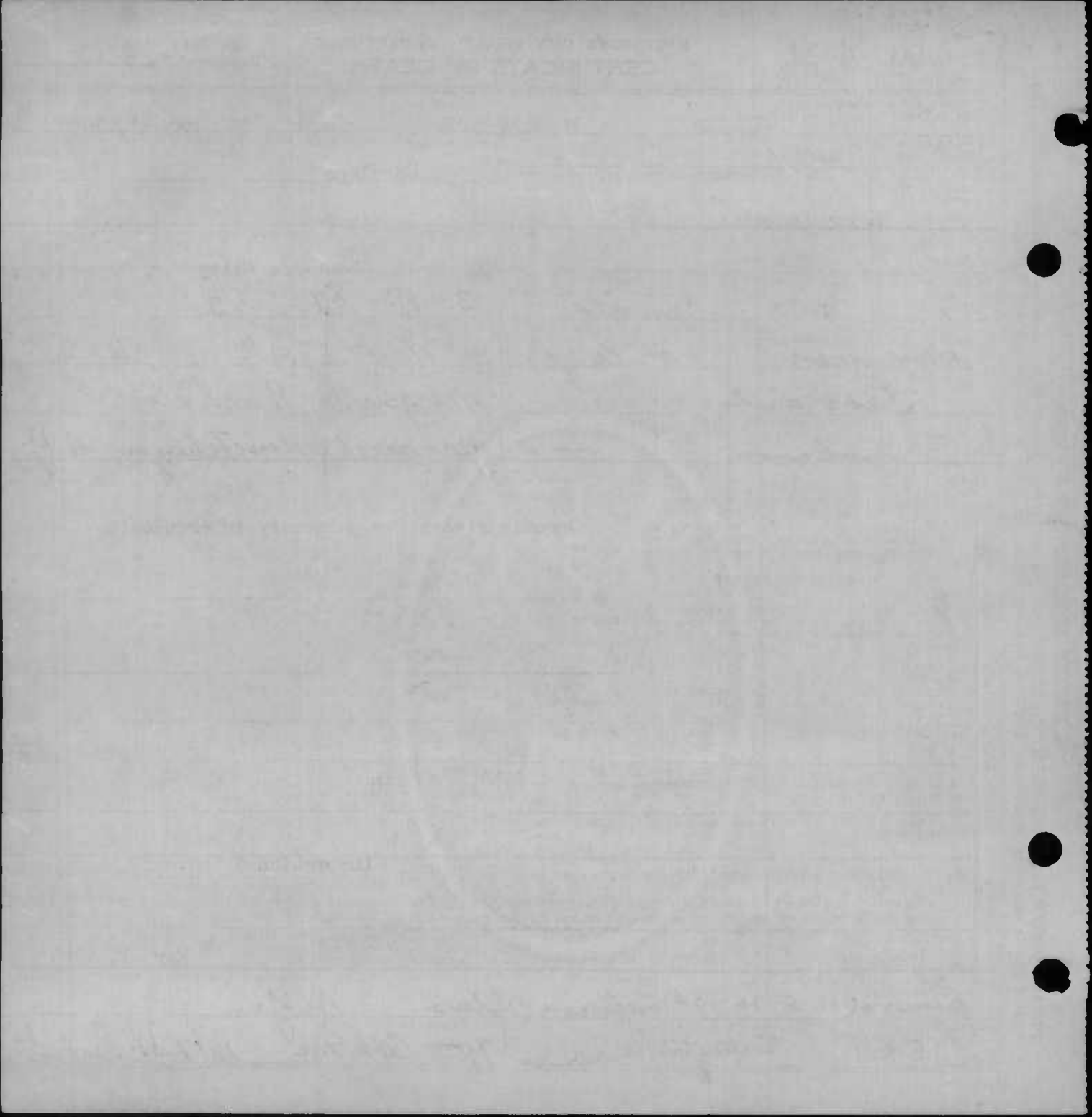
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988 99

1213 ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 4432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4432

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

COLUMBUS C. BARNESLEY

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

00 3600 Eversley Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3600 Eversley Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar 19, 1877

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

stationary engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing Mfr.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Columbus G. Barnesley

14. MOTHER'S MAIDEN NAME

Christana Boyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dallas Thompson

3600 Eversley Ave.

18.

162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchogenic Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral Metastases

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to May 14, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dennis Laughlin

M. D.

23B. ADDRESS

4558 Edmondson Village

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 16 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tichner & Sons

ADDRESS

Balto Md

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF MARRIAGE

PLACE OF BIRTH

DATE OF ENTRY INTO STATE

DATE OF ENTRY INTO COUNTRY

DATE OF ENTRY INTO CITY

DATE OF ENTRY INTO HOUSE

DATE OF ENTRY INTO ROOM

DATE OF ENTRY INTO BED

DATE OF ENTRY INTO CHAIR

DATE OF ENTRY INTO COFFIN

DATE OF ENTRY INTO BURIAL

DATE OF ENTRY INTO CEMETERY

DATE OF ENTRY INTO GRAVE

DATE OF ENTRY INTO TOMB

DATE OF ENTRY INTO MONUMENT

DATE OF ENTRY INTO MONUMENT

DATE OF ENTRY INTO MONUMENT

DATE OF ENTRY INTO MONUMENT

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DATE OF ENTRY INTO MONUMENT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4433

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William G. Vollmer (WM. G. VOLLMER)

2. DATE
OF
DEATH

5/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Maryland 6-04

D. STREET ADDRESS (If rural, give location)

225 North Castle St.

c. Length of stay in Baltimore

23 yrs
MOS.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec 9, 1904

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chef.

10B. KIND OF BUSINESS OR
INDUSTRY

Md Gen Hosp

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gottlieb Vollmer

14. MOTHER'S MAIDEN NAME

Marie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

316-05-6233

17. INFORMANT

ADDRESS

Mrs. Emma Vollmer, 225 N. Castle St.

18.

592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) uremia + Hypertensive Cardis
vascular disease

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic glomerular nephritis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4/27, 1950, to 5/15, 1950, that I last saw the
deceased alive on 5/15, 1950, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Velda J. Weber

M. D.

23B. ADDRESS

Maryland Gen. Hosp

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 18/50

24C. NAME OF CEMETERY OR CREMATORY

Morland Mem PH

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Philip's Newdigton, 2024 Orleans St

VS 150

72092

61

[Faint handwritten notes, mostly illegible due to bleed-through from the reverse side.]

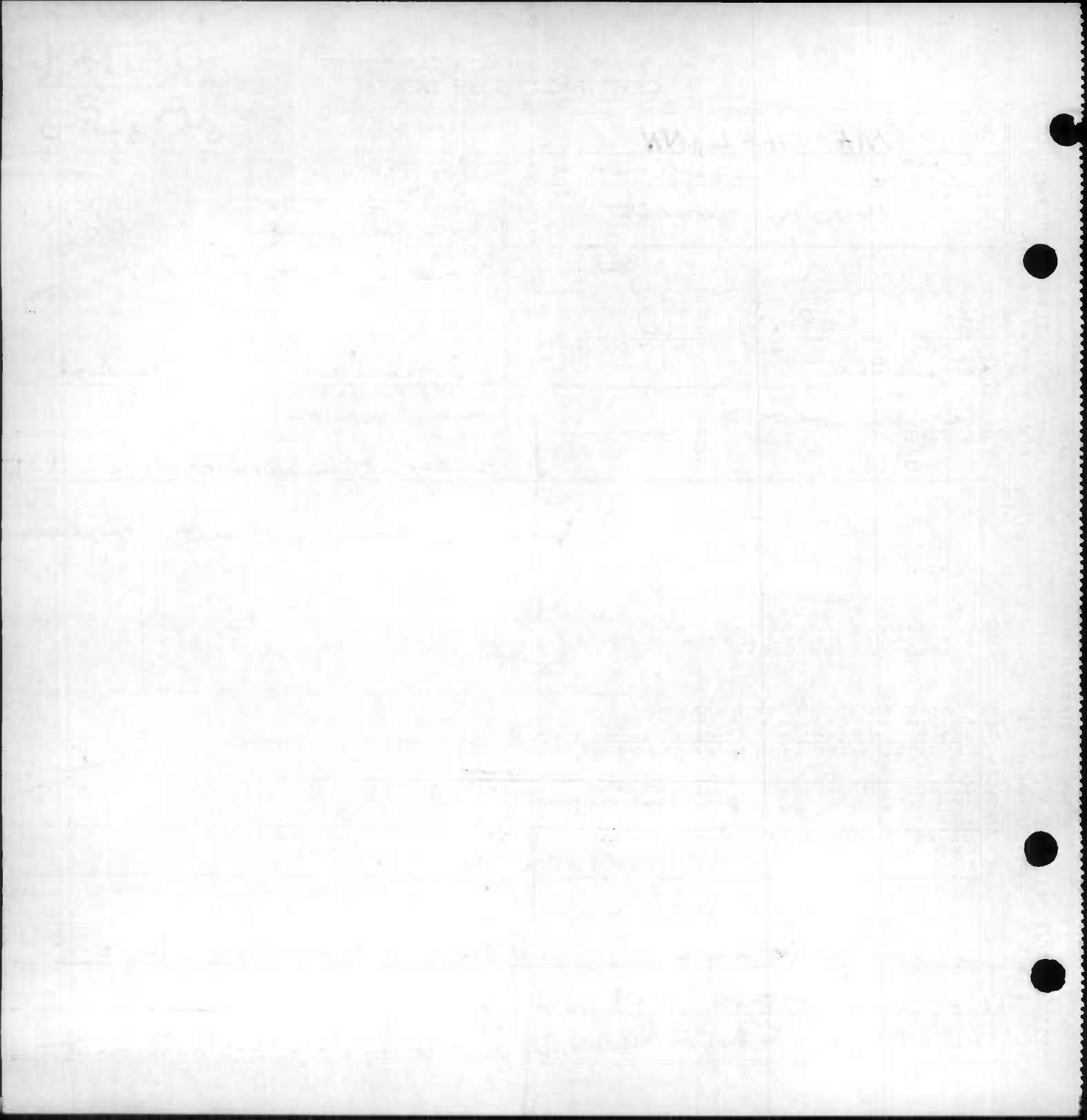
50 4434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4434

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARTHA LYNN		2. DATE OF DEATH 5-13-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1416 N. Mount		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-02			
c. Length of stay in Baltimore 60 yrs.		D. STREET ADDRESS (If rural, give location) 1416 N. Mount St			
5. SEX F	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1875-	9. AGE (In years last birthday) 75	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY? U.S.C.		13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Reed Cross 1416 N. Mount St.	
18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic Valvular Heart		CAUSE OF DEATH (A) Chronic Valvular Heart DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		(B) _____ DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 8 1949 to May 13 1950 that I last saw the deceased alive on May 13 1950 and that death occurred at 7:00 am. from the causes and on the date stated above.					
23A. SIGNATURE George E. Page		23B. ADDRESS 1516 N. Mount St		23C. DATE SIGNED 5-16-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-17-50		24C. NAME OF CEMETERY OR CREMATORY mt auburn	
24D. LOCATION (City, town, or county) (State) md		25. FUNERAL DIRECTOR George J. Nelson		ADDRESS 1303 Preston St	
DATE RECEIVED BY MAY 18 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



5-536
50 4435BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4435

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Catherine M. Saunders.		2. DATE OF DEATH May 12, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY Baltimore.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2928. Ellist. St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-01			
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2928. Ellist. St.			
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 6. 1872	9. AGE (In years last birthday) 77	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland.	
13. FATHER'S NAME John. Maldoon		14. MOTHER'S MAIDEN NAME CATHERIN. SLOAN.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Samuel. M. Saunders. 2928. Ellist. St.	
18. 4/20.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral hemorrhage DUE TO ANTECEDENT CAUSES (B) Arteriosclerotic heart disease DUE TO (C) Essential circulatory hypertension					INTERVAL BETWEEN ONSET AND DEATH 2 hours ? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1950 to May 12, 1950 , that I last saw the deceased alive on May 12, 1950 , and that death occurred at 5:40 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE B. Bronushas, M.D.		23B. ADDRESS 3037 O'Donnell St.		23C. DATE SIGNED 5-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 17. 1950		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Con.	
24D. LOCATION (City, town, or county) Baltimore Md.		24E. LOCATION (City, town, or county) Trappe Road Balto. Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS WENDELL J. DIPPEL. 312 S. Highland Ave.	

NOT A MEDICAL OFFICER'S CASE

R. B. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

S-163
50 4436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4436

BIRTH NO.			2. DATE OF DEATH 5/15/1950		
1. NAME OF DECEASED (Type or Print) CLARA SHEWBRIDGE			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BROOMLYN 25-04		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE, MD. B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SOUTH BALTIMORE GENERAL HOSP C. Length of stay in Baltimore 43 Yrs. Mos. Days			5. SEX FEMALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH 8/16/1876 9. AGE (In years last birthday) 73 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 10B. KIND OF BUSINESS OR INDUSTRY House 11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? MARYLAND		
13. FATHER'S NAME Wm. C. Sheppard			14. MOTHER'S MAIDEN NAME Wm. C. Sheppard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Family Saus.			ADDRESS		
18. E903.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) ARTERIOSCLEROTIC HEART DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) FRACTURE NECK FEMUR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) CERTIFICATION APPROVED BY Dr. Wm. G. Helfrich R. S. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER.			INTERVAL BETWEEN ONSET AND DEATH 4/25/1950		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) accident			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		
21C. WHERE DID INJURY OCCUR? 3615 Fourth St. 25/4			21D. HOW DID INJURY OCCUR? Slipped and fell to the floor		
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY April 25, 1950 ? m.			21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from 4/25, 1950, to 5/15, 1950, that I last saw the deceased alive on 5/15, 1950, and that death occurred at 1:55 P.M., from the causes and on the date stated above.					
23A. SIGNATURE John M. Blegen Jr. M.D.			23B. ADDRESS South Broom. Gen Hosp.		
23C. DATE SIGNED 5/15/1950					
24A. BURIAL, CREMATION, REMOVAL (Specify) B.			24B. DATE 5-18-50		
24C. NAME OF CEMETERY OR CREMATORY GLEN HAVEN			24D. LOCATION (City, town, or county) (State) GLEN BURNIE		
DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1950			REGISTRAR'S SIGNATURE Livingston Williams, M.D.		
25. FUNERAL DIRECTOR			ADDRESS		

VS 150

N-820.1

130 E. Task Cur.

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

State of New York

County of _____

City of _____

State of New York

County of _____

City of _____

State of New York

County of _____

City of _____

State of New York

County of _____

City of _____

State of New York

County of _____

City of _____

State of New York

County of _____

City of _____

State of New York

County of _____

City of _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 4437

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward M. Kelly

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2117 Dennison St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Crawford Retreat

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Halethorpe

5300

D. STREET ADDRESS (If rural, give location)

5633 Ashbourne Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 3, 1862

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fire Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

B.O.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

18 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis Undet.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from April 27, 1950 to May 15, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Bradley Daugherty

M. D.

23B. ADDRESS

3033 W. North Ave.

23C. DATE SIGNED

May 15, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B.

24B. DATE

5-17-50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Balt.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

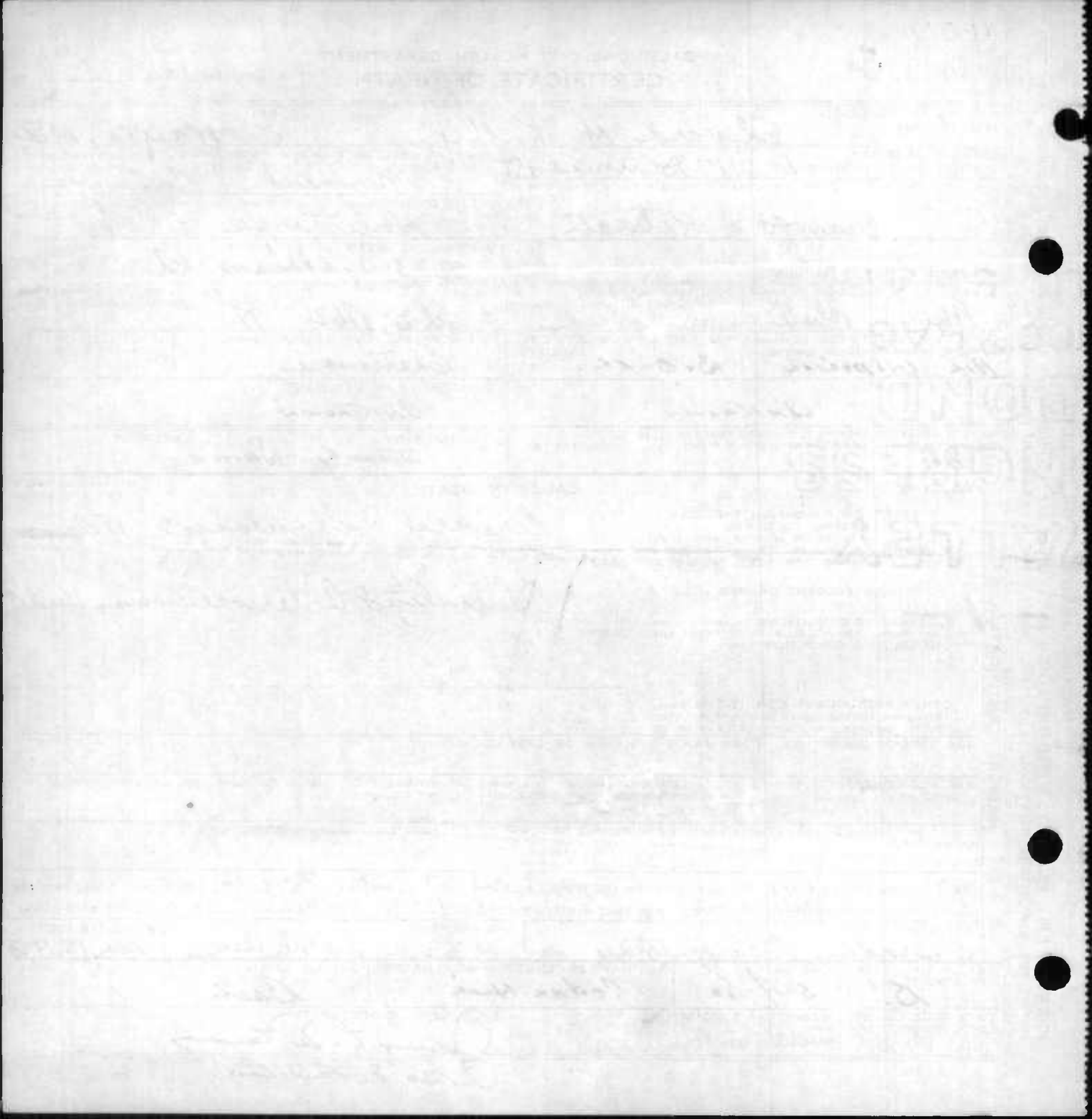
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. DeLoach

130 S. First Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-453
50 4438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4438
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH VALENTINE

2. DATE
OF
DEATH

May 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1501 N. Collington Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

1501 N. Collington Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 10, 1875

9. AGE (In years last birthday)

75

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Frank

14. MOTHER'S MAIDEN NAME

Mary Howe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT 624 Piccadilly Rd. -4
William F. Valentine

18.

4438

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiac Hypertensive Disease

5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 6, 1949, to May 14, 1950, that I last saw the deceased alive on May 13, 1950, and that death occurred at 940 A.M., from the cause and on the date stated above.

23A. SIGNATURE

Albert Eisenberg

23B. ADDRESS

2025 East North Ave

23C. DATE SIGNED

May 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William F. Valentine, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE - 13, MARYLAND

ADDRESS

MAY 16 1950

VS 150

93D

Agnes M. Barker

AB-137921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4439

BIRTH NO. 50-09115

1. NAME OF DECEASED
(Type or Print)

Baby Girl Figgs

2. DATE
OF
DEATH

5-10-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2123 Pulaski St.

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

8. DATE OF BIRTH

May 8-1950

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days

2

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Kenneth Roberts

14. MOTHER'S MAIDEN NAME

Doris Figgs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-8-1950 to 5-10-1950, that I last saw the
deceased alive on 5-10-1950, and that death occurred at 12.05 AM, from the causes and on the date stated above.

23A. SIGNATURE

H. Orogen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

5-12-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

5-12-50

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue (24)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Place of Birth		Date of Death	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Certificate		Official Seal	

AB 137619

25524440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

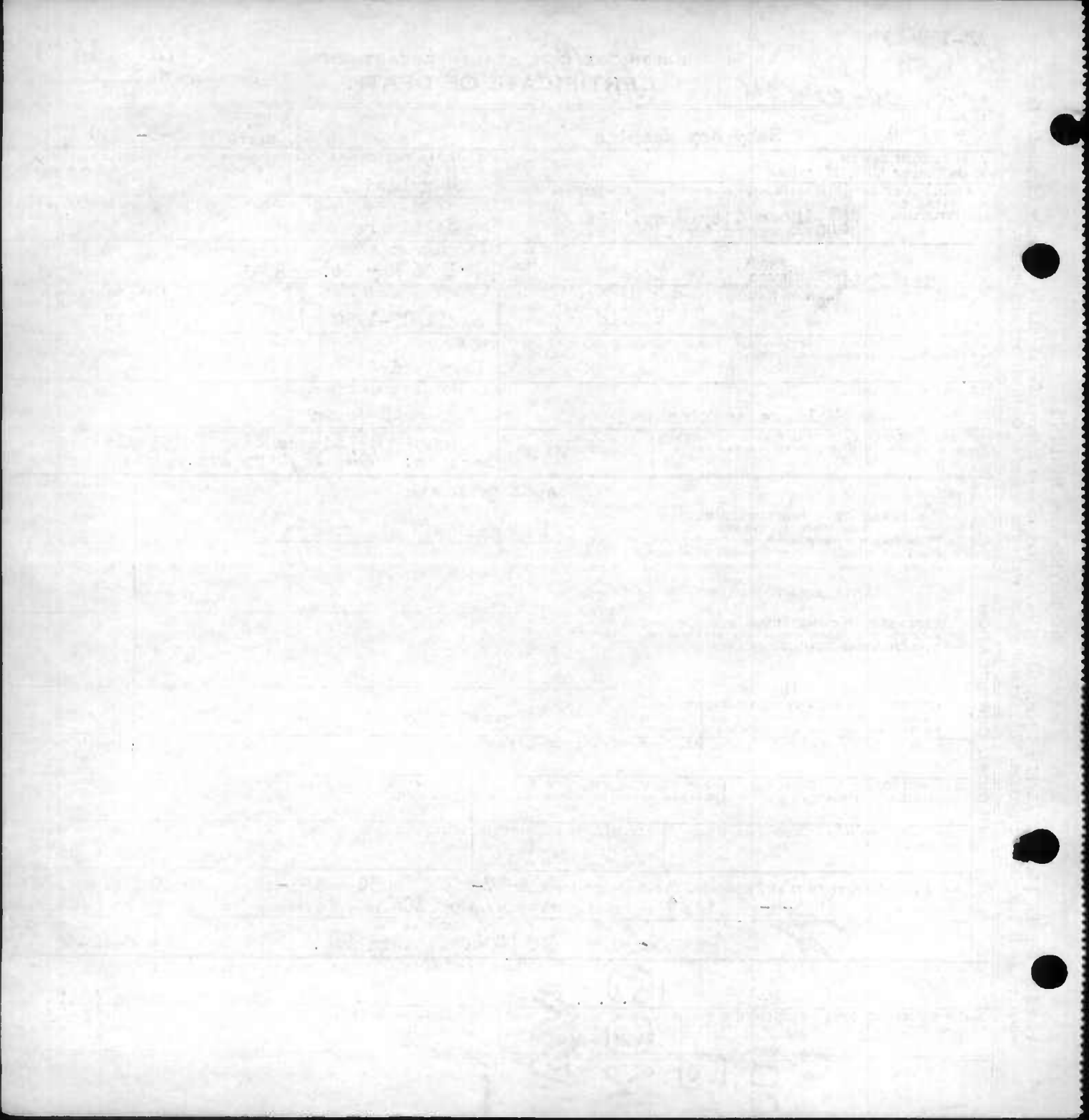
50 4440

Registered No. _____

BIRTH NO. 50-08424

1. NAME OF DECEASED (Type or Print) Baby Boy Haskins			2. DATE OF DEATH 5-9-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1606 May Ct. zone 31		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 27-1950		9. AGE (In years last birthday) 13 1/2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wallace Haskins			14. MOTHER'S MAIDEN NAME Ruth Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		

MEDICAL CERTIFICATION	18. 7605 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO _____ (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____ (B) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prematurity DUE TO _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE OF OPERATION 5-9-50	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 4-27- , 1950, to 5-9- , 1950 that I last saw the deceased alive on 5-9- , 1950, and that death occurred at 10A m., from the causes and on the date stated above.			
23A. SIGNATURE H. Rogers M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 5-12-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 5-12-50	24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue (24)	
DATE RECEIVED BY LOCAL REGISTRAR MAY 16 1950		REGISTRAR'S SIGNATURE Wilmington Williams		
25. FUNERAL DIRECTOR		ADDRESS		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4441

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agostino Santoni

2. DATE
OF
DEATH

May 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital (DOR)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

306 S. High St.

C. Length of stay in Baltimore

45 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

JAN. 22 1881

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: Days

3 22

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETAIL-GROCERY STORE

10B. KIND OF BUSINESS OR INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Pieve Torina-Marche Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Damiano Santoni

14. MOTHER'S MAIDEN NAME

Rosa Polini

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Adorno Santoni

3118 O'Donnell St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, S.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 14, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 17 1950

Holy Redeemer Cemetery

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

Huntington Williams, M.D.

Frank Della Noce

322 S. High St.

CERTIFICATE OF DEATH

State of Illinois

County of Cook

Dec 12 1911

Attest

John J. Connelley, Clerk of Cook County, Illinois

John J. Connelley

John J. Connelley

Attest

John J. Connelley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-363

50 4442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4442

Registered No. _____

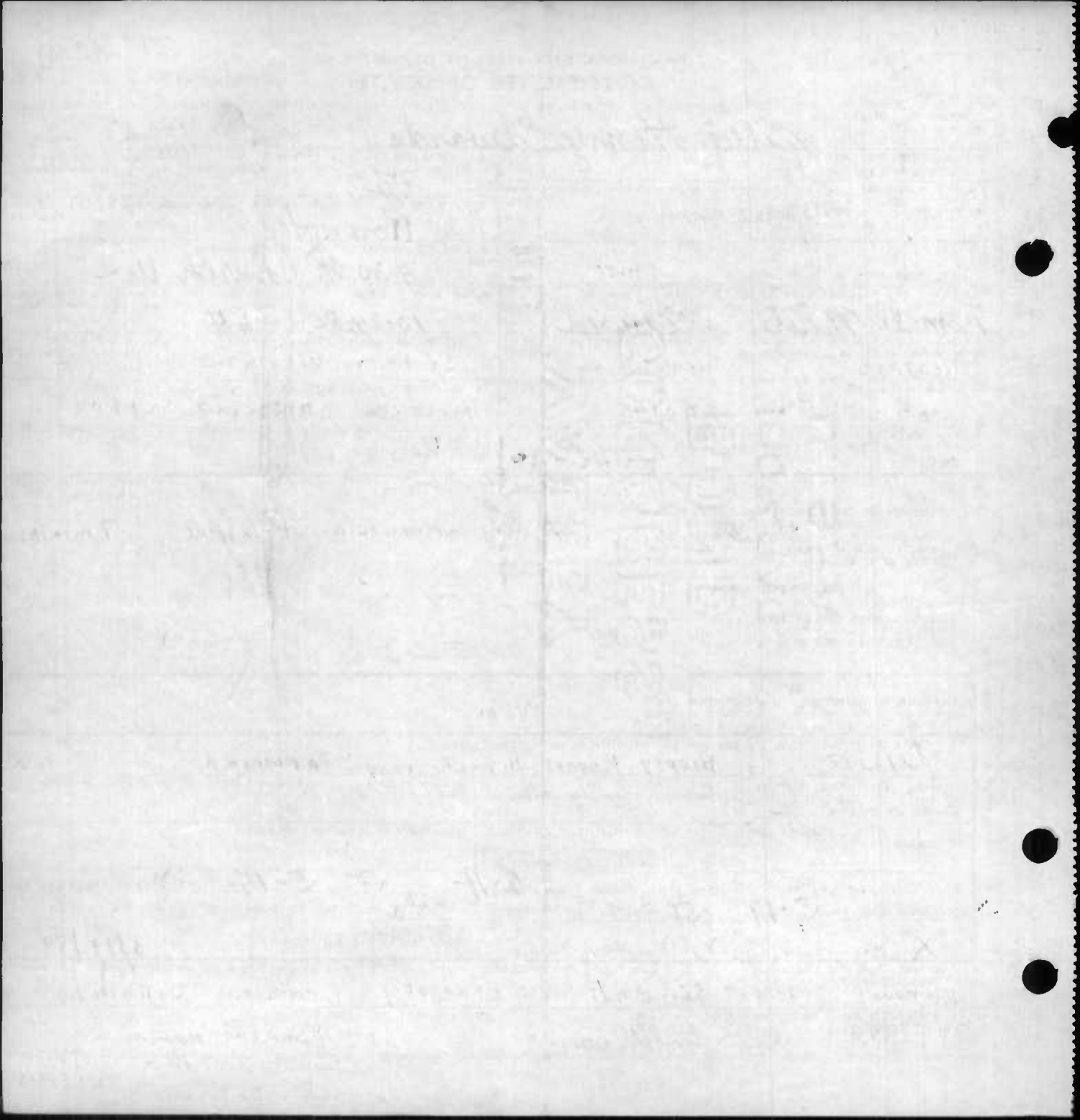
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Millie Henry Edwards</i>		2. DATE OF DEATH <i>MAY 17 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>VA.</i> B. COUNTY <i>V-43</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHN HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Roanoke</i>			
c. Length of stay in Baltimore <i>Three</i>		D. STREET ADDRESS (If rural, give location) <i>430 N. Church Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10-24-85</i>	9. AGE (In years last birthday) <i>64</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hostess</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Undertaking</i>		11. BIRTHPLACE (State or foreign country) <i>Salem, Virginia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Henry Rhodes</i>		14. MOTHER'S MAIDEN NAME <i>Mildred Catherine Weber</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>231-05-7459</i>		17. INFORMANT <i>JOHN HOPKINS HOSPITAL</i>	

18. <i>163X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>A deno carcinoma Bronchus</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>7 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>-</i> (C) <i>-</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>		

19A. DATE OF OPERATION <i>2/2/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Biopsy Report Bronchoscopy: Carcinoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-11-1950</i> , to <i>5-17-1950</i> , that I last saw the deceased alive on <i>5-17-1950</i> , and that death occurred at <i>320 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>X Joseph D. B. King</i> M.D.		23B. ADDRESS <i>JOHN HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>5/17/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>May 17, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>EAST Hill cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Roanoke Virginia</i>		25. FUNERAL DIRECTOR <i>William J. Lotz</i>		ADDRESS <i>Lot 2 FUNERAL Home Inc</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 17 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>William J. Lotz Mrs. Roanoke Va Licen 325 47c VIRGINIA</i>	

VS 150

73289



560
50 4443BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4443

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah E. Penner

2. DATE
OF
DEATH

5/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR NURSING HOME location)

Wood Nursing Home

C. CITY OR TOWN

Balto

13-06

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3305 Payne St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/3/1866

9. AGE (in years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Spinner

10B. KIND OF BUSINESS OR
INDUSTRYMr. Vernon Milla
Cotton Mills

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

(Unknown) Eichelberger

14. MOTHER'S MAIDEN NAME

Annie Roulette

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Evans 3305 Payne St

18.

491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho-pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to May 16, 1950, that I last saw the
deceased alive on April 15, 1949, and that death occurred at m., from the causes and on the date stated above.

23. SIGNATURE

Horton Byrman

M. D.

23B. ADDRESS

846 W. 36 St.

23C. DATE SIGNED

5-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Samplers Manor

24D. LOCATION (City, town, or county)

Washington Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 17 1950

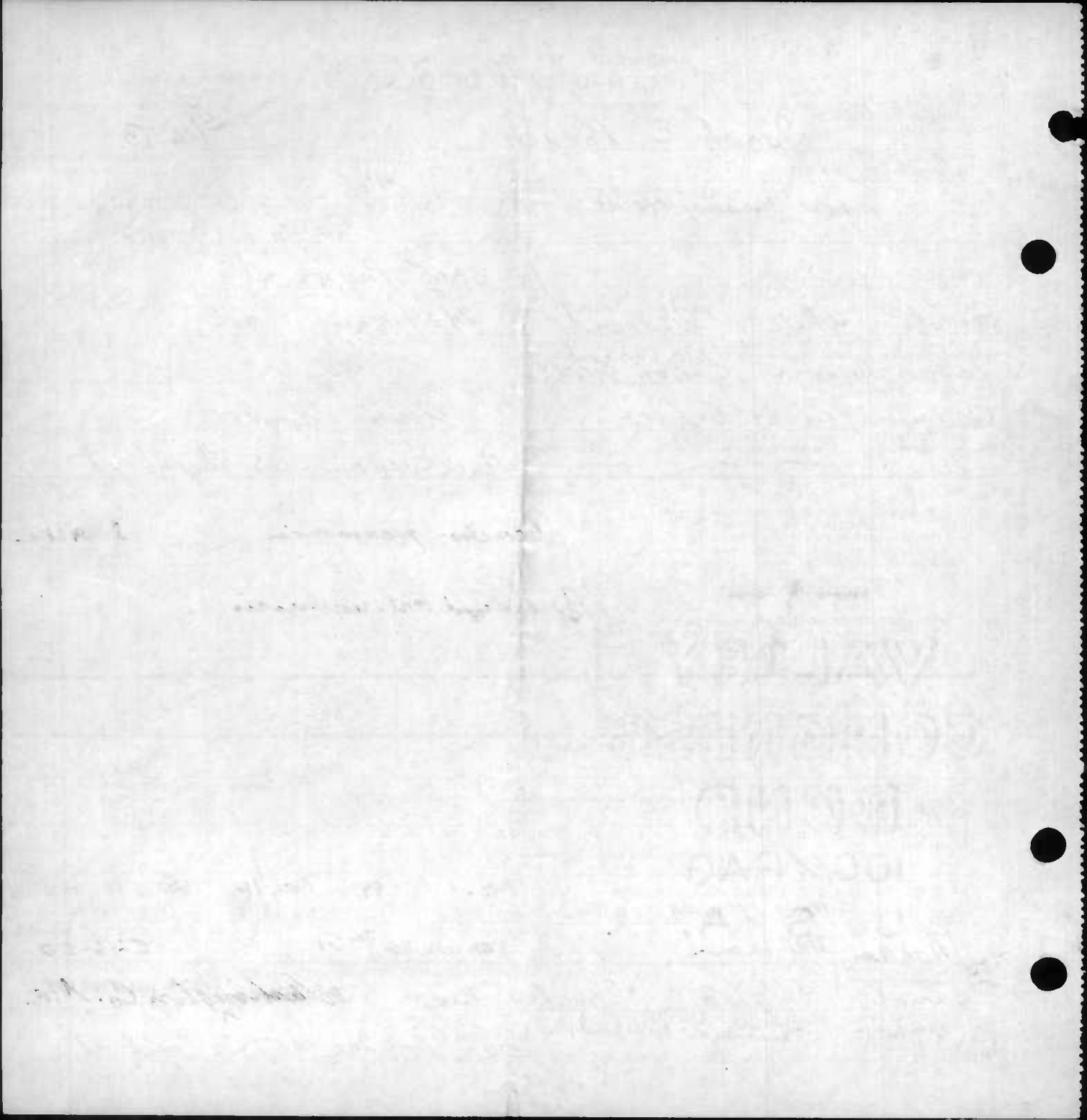
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.



50 4444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4444
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Franklin Crouse

2. DATE
OF
DEATH

5/14/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived; If institution; residence before admission)

A. STATE

Md

B. COUNTY

13-06

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3619 Roland Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

3619 Roland Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1/30/1879

9. AGE (In years;
last birthday)

71

10 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Bowling Alley

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Crouse

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no; or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hector S. Crouse 3619 Roland Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

12 hours

10 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to May 14, 1950, that I last saw the deceased alive on 5-14-1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davis

23B. ADDRESS

800 W 33rd St.

23C. DATE SIGNED

5-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Hamden-Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 17 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. G. Inc. 1217 St. Paul St.

ADDRESS

1. The first part of the paper is devoted to a general discussion of the problem of the structure of the nucleus. It is shown that the nucleus is a system of protons and neutrons, which are bound together by a strong interaction. The binding energy of the nucleus is calculated, and it is shown that the binding energy per nucleon is a function of the mass number of the nucleus. The binding energy per nucleon is maximum for nuclei with mass number around 60, and it decreases for nuclei with mass number less than 60 and greater than 60. This is the reason why the most stable nuclei are those with mass number around 60.

2. In the second part of the paper, the structure of the nucleus is discussed in more detail. It is shown that the nucleus is a system of protons and neutrons, which are bound together by a strong interaction. The binding energy of the nucleus is calculated, and it is shown that the binding energy per nucleon is a function of the mass number of the nucleus. The binding energy per nucleon is maximum for nuclei with mass number around 60, and it decreases for nuclei with mass number less than 60 and greater than 60. This is the reason why the most stable nuclei are those with mass number around 60.

3. In the third part of the paper, the structure of the nucleus is discussed in more detail. It is shown that the nucleus is a system of protons and neutrons, which are bound together by a strong interaction. The binding energy of the nucleus is calculated, and it is shown that the binding energy per nucleon is a function of the mass number of the nucleus. The binding energy per nucleon is maximum for nuclei with mass number around 60, and it decreases for nuclei with mass number less than 60 and greater than 60. This is the reason why the most stable nuclei are those with mass number around 60.

4. In the fourth part of the paper, the structure of the nucleus is discussed in more detail. It is shown that the nucleus is a system of protons and neutrons, which are bound together by a strong interaction. The binding energy of the nucleus is calculated, and it is shown that the binding energy per nucleon is a function of the mass number of the nucleus. The binding energy per nucleon is maximum for nuclei with mass number around 60, and it decreases for nuclei with mass number less than 60 and greater than 60. This is the reason why the most stable nuclei are those with mass number around 60.

5. In the fifth part of the paper, the structure of the nucleus is discussed in more detail. It is shown that the nucleus is a system of protons and neutrons, which are bound together by a strong interaction. The binding energy of the nucleus is calculated, and it is shown that the binding energy per nucleon is a function of the mass number of the nucleus. The binding energy per nucleon is maximum for nuclei with mass number around 60, and it decreases for nuclei with mass number less than 60 and greater than 60. This is the reason why the most stable nuclei are those with mass number around 60.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4445

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HILDA ZWASKY

2. DATE
OF
DEATH

5-16-50

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2719 Oswego Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2719 Oswego Ave

c. Length of stay in Baltimore

27 Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

52

If Under 1 Year
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ladies Tailor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Zwasky 2719 Oswego Ave

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Broncho Pneumonia
(terminal)

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

General Carcinomatosis

DUE TO

6 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

Carcinoma of sigmoid

1 year

19A. DATE OF OPERATION

9/49

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of sigmoid, metastases to liver

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15/1941, to 5/16, 1950, that I last saw the deceased alive on 5/16, 1950, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Zwick

M. O.

23B. ADDRESS

2320 E. Canton Place

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-17-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY

MAY 17 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Pl

ADDRESS

Zurberg
2310 Eastlaw

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)D-540
50 4446
ETHEL KNOWLES DANIEL

Registered No. 50 4446

2. DATE OF DEATH May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3900 Ferndale Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

-7-28-01

D. STREET ADDRESS (If rural, give location)

3900 Ferndale Avenue

c. Length of stay in Baltimore

66

Yrs.
Moo.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 15, 1883

9. AGE (in years,

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

James Edwin Knowles

14. MOTHER'S MAIDEN NAME

Annie Elizabeth Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Clarence Daniel 3900 Ferndale Ave.-7-

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Generalized Arteriosclerosis

5 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1950, to March 24, 1950, that I last saw the deceased alive on March 24, 1950, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Mellard T. Ireland, Jr.

23B. ADDRESS

3400 Woodbine Ave. Balt. 7, Md.

23C. DATE SIGNED

3/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial May 19/1950

Woodlawn

Woodlawn Bld.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

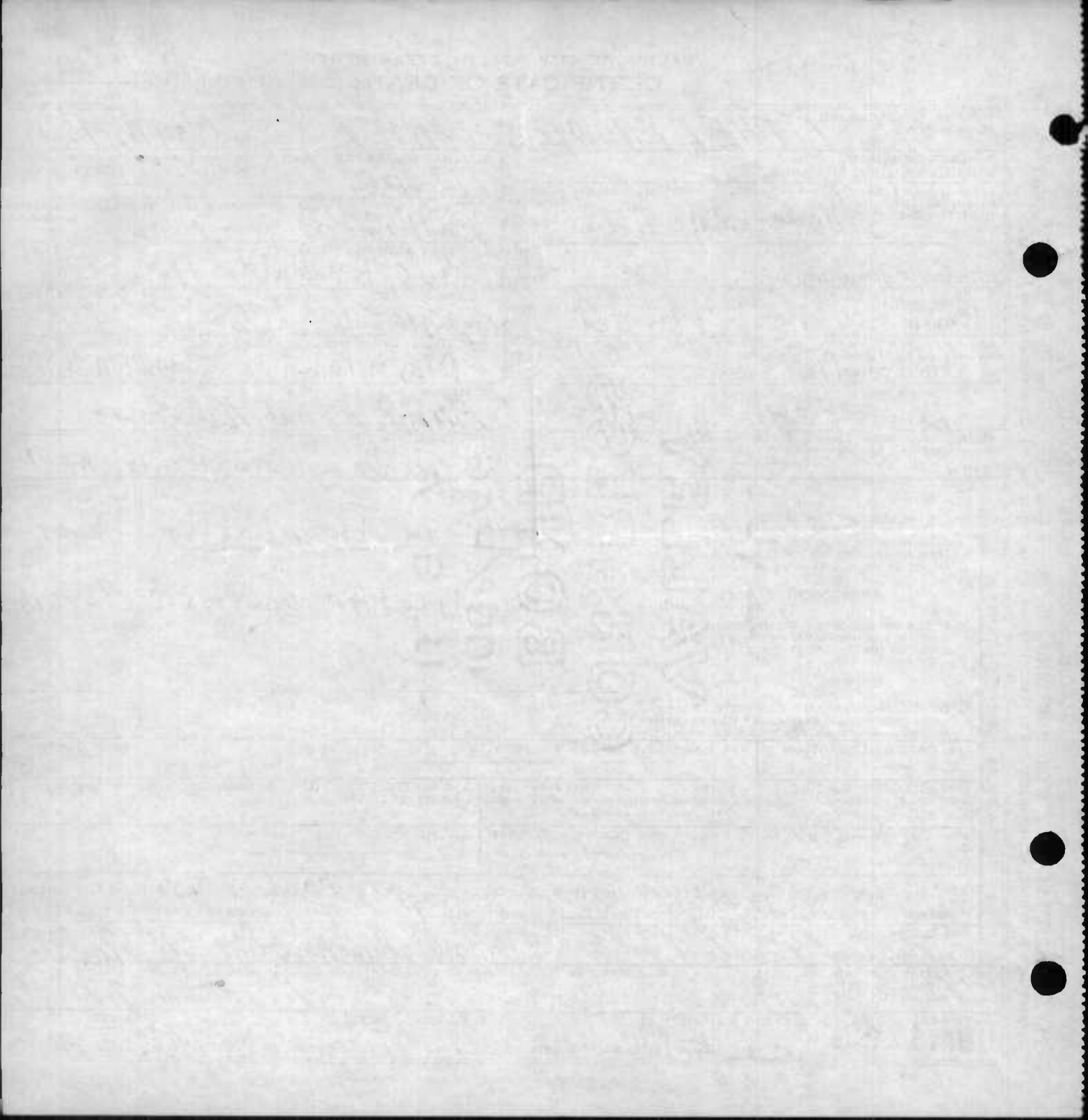
25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

Huntington Williams, M.D.

Mary H. Munaco 4204 Ridgewood Ave



50 4447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4447
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cecil A. Oliver Sr.

2. DATE
OF
DEATH

5/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5 So. Monastery Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-07

C. Length of stay in Baltimore

30 yrs

D. STREET ADDRESS (If rural, give location)

5 So. Monastery Ave

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/29/1901

9. AGE (In years last birthday)

48

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Standard Oil Co

11. BIRTHPLACE (State or foreign country)

Charleston S.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Oliver

14. MOTHER'S MAIDEN NAME

Daisy M. Reilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Catherine J. Oliver

ADDRESS

5 So. Monastery Ave

18. 196X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMATOSIS.

INTERVAL BETWEEN ONSET AND DEATH

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) SQUAMOUS CELL CARCINOMA OF JAW 7 mo.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct - 1949, to MAY 16, 1950, that I last saw the deceased alive on MAY 16, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Norman R. Reiman

23B. ADDRESS

3803 Edmundson Ave

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

Huntington Williams, M.D.

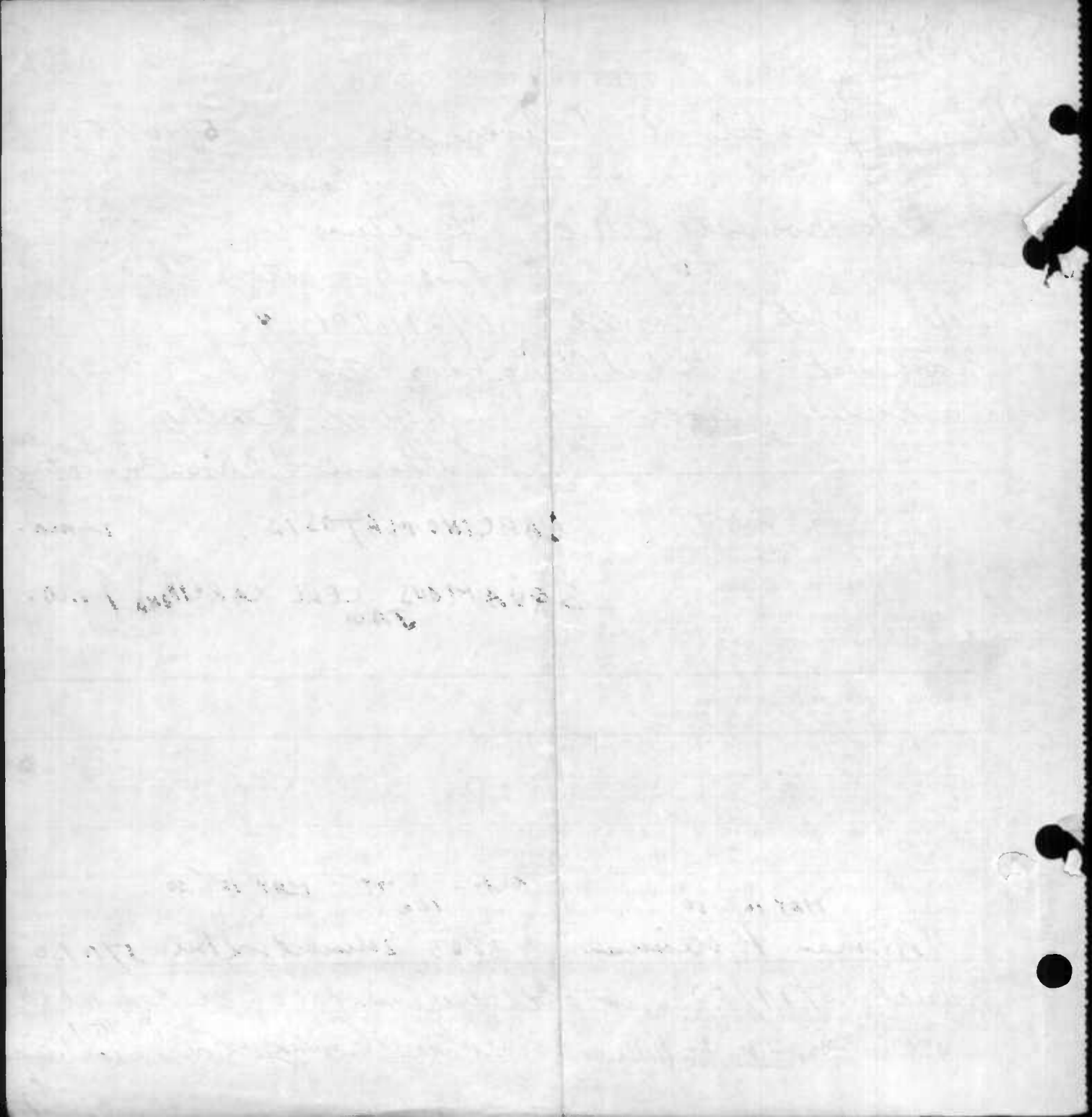
John F. Cowan & Son

2400 St.

VS 150

326 18

45D St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 4448

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4448

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Elizabeth Beppel*2. DATE
OF
DEATH *May 14, 1950*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE *MD* B. COUNTY *7-01* before admission)B. FULL NAME OF HOSPITAL OR INSTITUTION *St Paul (Pro-Cath) Hosp*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore MD 7-01*C. Length of stay in Baltimore
Yrs. *0*
Mos. *0*
Days *0*D. STREET ADDRESS (If rural, give location) *613 N. E. Ave*5. SEX *Female*6. COLOR OR RACE *White*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*8. DATE OF BIRTH *May 9, 1884*9. AGE (In years, last birthday) *65* If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY *at home*11. BIRTHPLACE (State or foreign country) *Baltimore MD*12. CITIZEN OF WHAT COUNTRY? *USA*13. FATHER'S NAME *Mr. Beppel*14. MOTHER'S MAIDEN NAME *Thomas Fauske*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT *Mrs. Beppel - 613 N. E. Ave*

ADDRESS

18. *443X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) *Cerebro-Vascular Accident* 36 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive C-V Disease ?*(C) *Atherosclerosis* ?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 1*, 1950, to *May 14*, 1950, that I last saw the deceased alive on *May 14*, 1950, and that death occurred at *5:14 PM*, from the causes and on the date stated above.23A. SIGNATURE *Robert B. Tunney, M.D.*23B. ADDRESS *920 St Paul St*23C. DATE SIGNED *5/14/50*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *May 9, 1950*24C. NAME OF CEMETERY OR CREMATORY *St Paul Cem - Baltimore*24D. LOCATION (City, town, or county) (State) *Baltimore MD*DATE RECEIVED BY LOCAL REGISTRAR *MAY 17 1950*REGISTRAR'S SIGNATURE *Thurston Williams, M.D.*25. FUNERAL DIRECTOR *John J. Melling*ADDRESS *2435 E. Ave*

No. 2000
9-10-10

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

BEN

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

419 N. Spring Street

c. Length of stay in Baltimore

25

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/3/82

9. AGE (in years last birthday)

68

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

B.O. Rail Road

11. BIRTHPLACE (State or foreign country)

Allen White - Va.

12. CITIZEN OF WHAT COUNTRY?

yes

13. FATHER'S NAME

Henry Ben

14. MOTHER'S MAIDEN NAME

Maratha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

218-03-5608

17. INFORMANT

Mary D. Times - Smithfield - Va.

ADDRESS

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple abrasions, contusions, and fractures

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rupture of lung, liver, and right kidney

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Fibrinous pleuresy, right, and pericarditis
Fat embolism

INTERVAL BETWEEN ONSET AND DEATH

over

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Orleans and Eden Streets

5/1

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 13, 1950 11:45 P m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunscheer M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

5-16-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 17-50

24C. NAME OF CEMETERY OR CREMATORY

Smithfield Chapel Smithfield - Va.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

1631 - Spring Hill Ave

VS 151

N-809.2

98847

170C

Hill Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Letter in document file 50-4449-6/7/50.

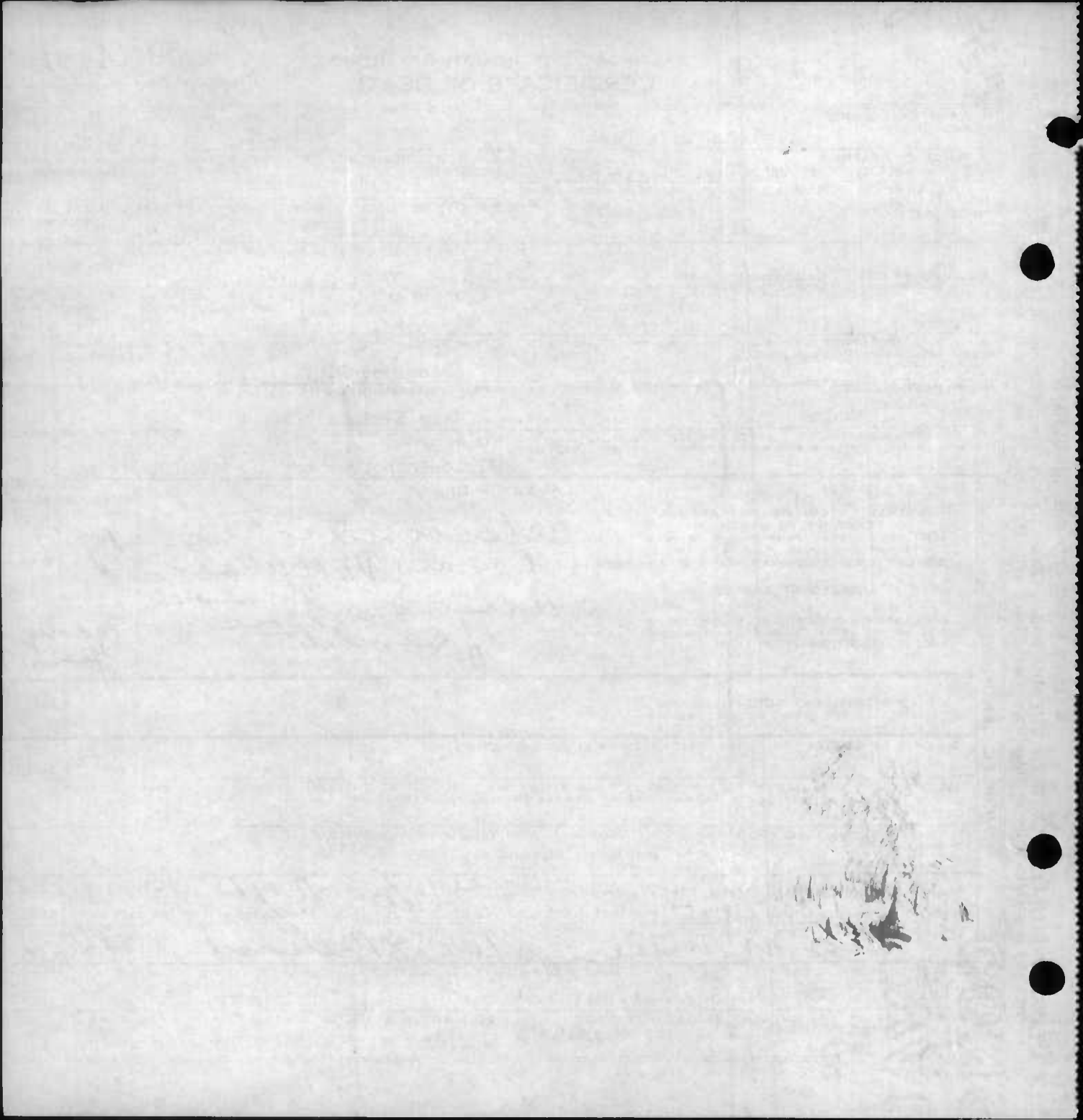
50 4450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4450

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Theresa Hofferbert			May 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 207 N. Castle St.						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-04		
D. STREET ADDRESS (If rural, give location) 207 N. Castle St.								
c. Length of stay in Baltimore								
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 25, 1864	9. AGE (In years last birthday) 86	11 Under 1 Year Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington, D.C.		
13. FATHER'S NAME George Eichhorn				14. MOTHER'S MAIDEN NAME Mary Kleindienst				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS J. Louis Hofferbert 1234 Northview Road				
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4 yr. 1						CAUSE OF DEATH (A) Arteriosclerotic Cardio Vascular Disease DUE TO (B) Arteriosclerotic Disease of Senility DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						INTERVAL BETWEEN ONSET AND DEATH 1 yr. many years.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 1947 to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 5:00 P. M., from the causes and on the date stated above.								
23A. SIGNATURE J. Louis Hofferbert M. D.				23B. ADDRESS 1613 E. Baltimore St.		23C. DATE SIGNED May 15, 1950		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 19, 1950		24C. NAME OF CEMETERY OR CREMATORY St. Matthew's		24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.,				



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 4451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4451

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

O'Leary Desmond Barnes

2. DATE
OF
DEATH

May 15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bald

6-04

D. STREET ADDRESS (If rural, give location)

1810 E Fairmount Ave

c. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 14 1877 72

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER NAME

Barnes

14. MOTHER'S MAIDEN NAME

Mandy Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm H Barnes 2216 Prentiss Pl

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOHypertension Cardiac
Vascular Disease

2 day

ANTECEDENT CAUSES

(B)
DUE TO

Coronary occlusion

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14/50, to 5/15/50, that I last saw the
deceased alive on 5/16/50, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

May 17/50

Parkwood

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

Huntington Williams, M.D.

Ullrich Funeral Home 2004 Orleans

VS 150

30819

937

Obituary of ...

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4452

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Luberta Watkins2. DATE
OF
DEATHMay 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)39Provident Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.18-01

D. STREET ADDRESS (If rural, give location)

800 W. Lexington St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Dec. 1903

9. AGE (In years

46

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Atkinson N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Goginns

14. MOTHER'S MAIDEN NAME

Emma Calvin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Calvin Cumberland

1B.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypostatic pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral hemorrhage

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Ess. hypertension.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13-50, to 5-15-50, that I last saw the deceased alive on 5-15, 1950, and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial5-19-1950Balto. National Cem.Balto.Md.MAY 17 1950Huntington Williams, M.D.Mrs. Katie R. WilliamsSchwarzen St

1490

CERTIFICATE CORRECTED 7-10-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 4453

BIRTH NO. 50-09626

1. NAME OF DECEASED
(Type or Print)

Paulette Elaine Williams

2. DATE
OF
DEATH

5-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 4-02

c. Length of stay in Baltimore

6

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

627 W Saratogo St.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

5-8-50

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

8

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Williams

14. MOTHER'S MAIDEN NAME

Marie Mathann m^{rs} Bride15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

627 W Saratogo St.

18. 967.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Atelectasis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-7, 1950, to 5-15, 1950, that I last saw the
deceased alive on 5-15, 1950, and that death occurred at 10:57 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

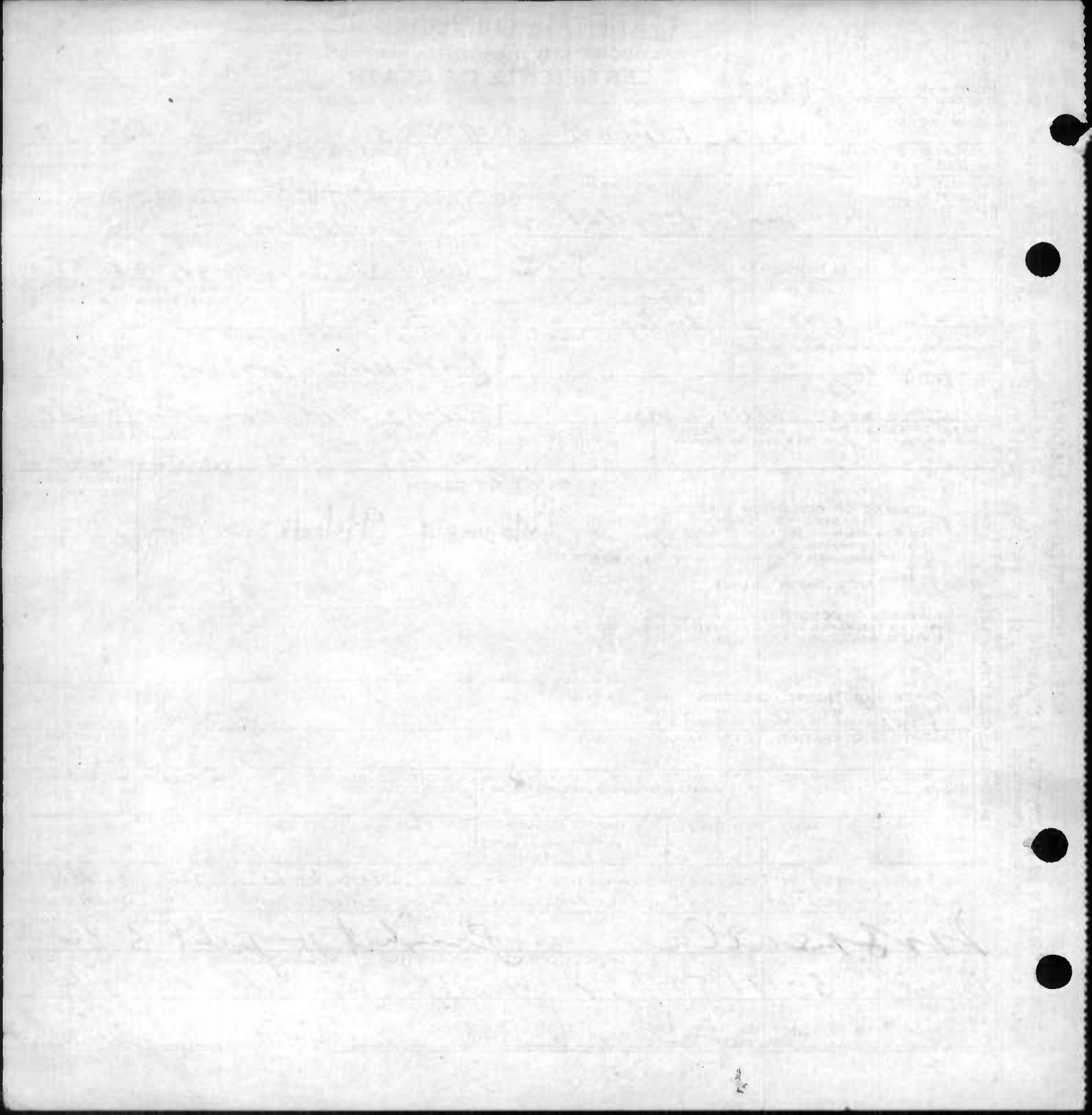
25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

Huntington Williams, M.D.

Mrs. Kate R. Williams, School



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4454

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILTON S. JONES

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1229 Division St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Male

Colored

Single

8. DATE OF BIRTH

Oct. 11, 1911

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery store

11. BIRTH PLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles W. Jones

14. MOTHER'S MAIDEN NAME

Hattie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hattie Johnson 1239 Division St.

18.

023X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Luetic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death is my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl L. Roy

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

5-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

OATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

Wilmington Williams, M.D.

Mrs. Katie R. Williams

Schwab St.

STATE OF OHIO

DEPARTMENT OF REVENUE

OFFICE OF THE COMMISSIONER

COLUMBUS, OHIO

January 1, 1900

TO THE COMMISSIONER

OF THE DEPARTMENT OF REVENUE

OF THE STATE OF OHIO

FROM THE COMMISSIONER

OF THE DEPARTMENT OF REVENUE

OF THE STATE OF OHIO

IN RESPONSE TO A RESOLUTION

PASSED BY THE GENERAL ASSEMBLY

ON JANUARY 1, 1900

RELATIVE TO THE

REVENUE OF THE STATE

OF OHIO

FOR THE YEAR 1900

AND FOR THE YEAR 1901

AND FOR THE YEAR 1902

AND FOR THE YEAR 1903

AND FOR THE YEAR 1904

AND FOR THE YEAR 1905

AND FOR THE YEAR 1906

AND FOR THE YEAR 1907

AND FOR THE YEAR 1908

AND FOR THE YEAR 1909

AND FOR THE YEAR 1910

AND FOR THE YEAR 1911

AND FOR THE YEAR 1912

AND FOR THE YEAR 1913

AND FOR THE YEAR 1914

AND FOR THE YEAR 1915

AND FOR THE YEAR 1916

AND FOR THE YEAR 1917

AND FOR THE YEAR 1918

AND FOR THE YEAR 1919

AND FOR THE YEAR 1920

AND FOR THE YEAR 1921

AND FOR THE YEAR 1922

AND FOR THE YEAR 1923

AND FOR THE YEAR 1924

AND FOR THE YEAR 1925

AND FOR THE YEAR 1926

AND FOR THE YEAR 1927

AND FOR THE YEAR 1928

AND FOR THE YEAR 1929

AND FOR THE YEAR 1930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 4455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Alfred Albert W. Burke2. DATE
OF DEATH May 15, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONUniversity HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 4-02D. STREET ADDRESS (If rural, give location)
743 W Lexington St

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

June 23, 1921 28

9. AGE (In years, last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Walker

14. MOTHER'S MAIDEN NAME

Ada Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YesWW II

16. SOCIAL SECURITY NO.

217-03-4209

17. INFORMANT

Vernon Burke N. BruneADDRESS 52618. E981X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Mutiple bullet wounds of abdomen and back

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Saratoga & Fremont St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 15, 1950 1:25 A21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley A. Denecker M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

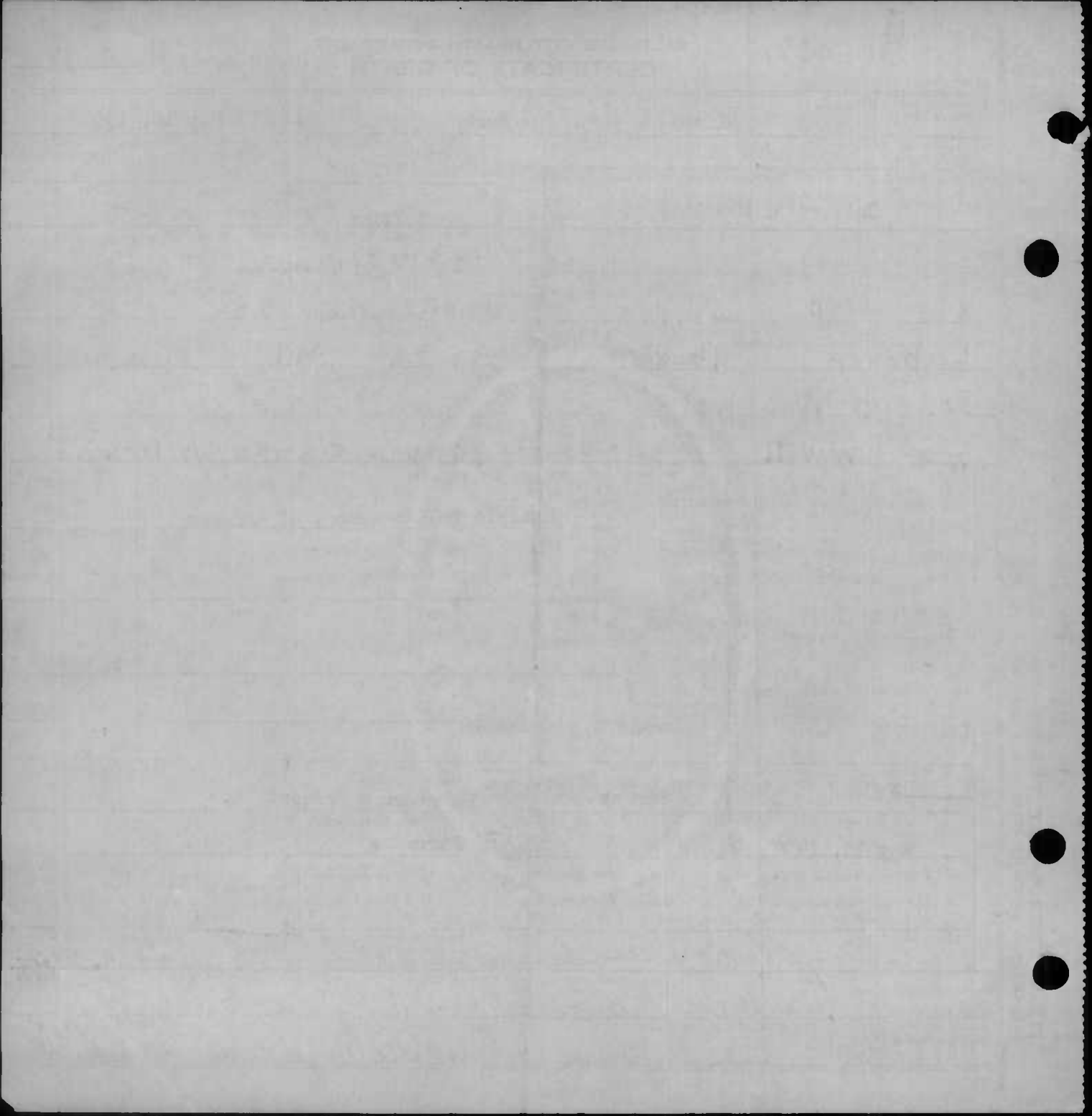
BurialMay 18, 1950Balto. National Am.Balto.Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 526



W-216
50 4456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4456

BIRTH NO.		1. NAME OF DECEASED (Type or Print) David Weisberg		2. DATE OF DEATH May 16, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 60 2117 Dennison St			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-12		
c. Length of stay in Baltimore 45 yrs			D. STREET ADDRESS (If rural, give location) 3809 Reisterstown Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wd dower	8. DATE OF BIRTH 1884	9. AGE (In years: last birthday) 66	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Copperage		10B. KIND OF BUSINESS OR INDUSTRY Repair Barrels	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Morris Weisberg			14. MOTHER'S MAIDEN NAME Livisha Rodman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Samuel Weisberg 3809 Reisterstown Rd		

18. 146X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of nasopharynx		CAUSE OF DEATH (A) Carcinoma of nasopharynx DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1946 , to May 16, 1950 , that I last saw the deceased alive on May 3, 1950 , and that death occurred at 9:25 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Reed N. Kolman		23B. ADDRESS 3700 Park Heights Ave		23C. DATE SIGNED May 16 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 17, 1950	24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men Cemetery	24D. LOCATION (City, town, or county) Baltimore Md	25. FUNERAL DIRECTOR ADDRESS 1126 W North Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Sol. Levenson Bros	

MARGIN RESERVED FOR BINDING

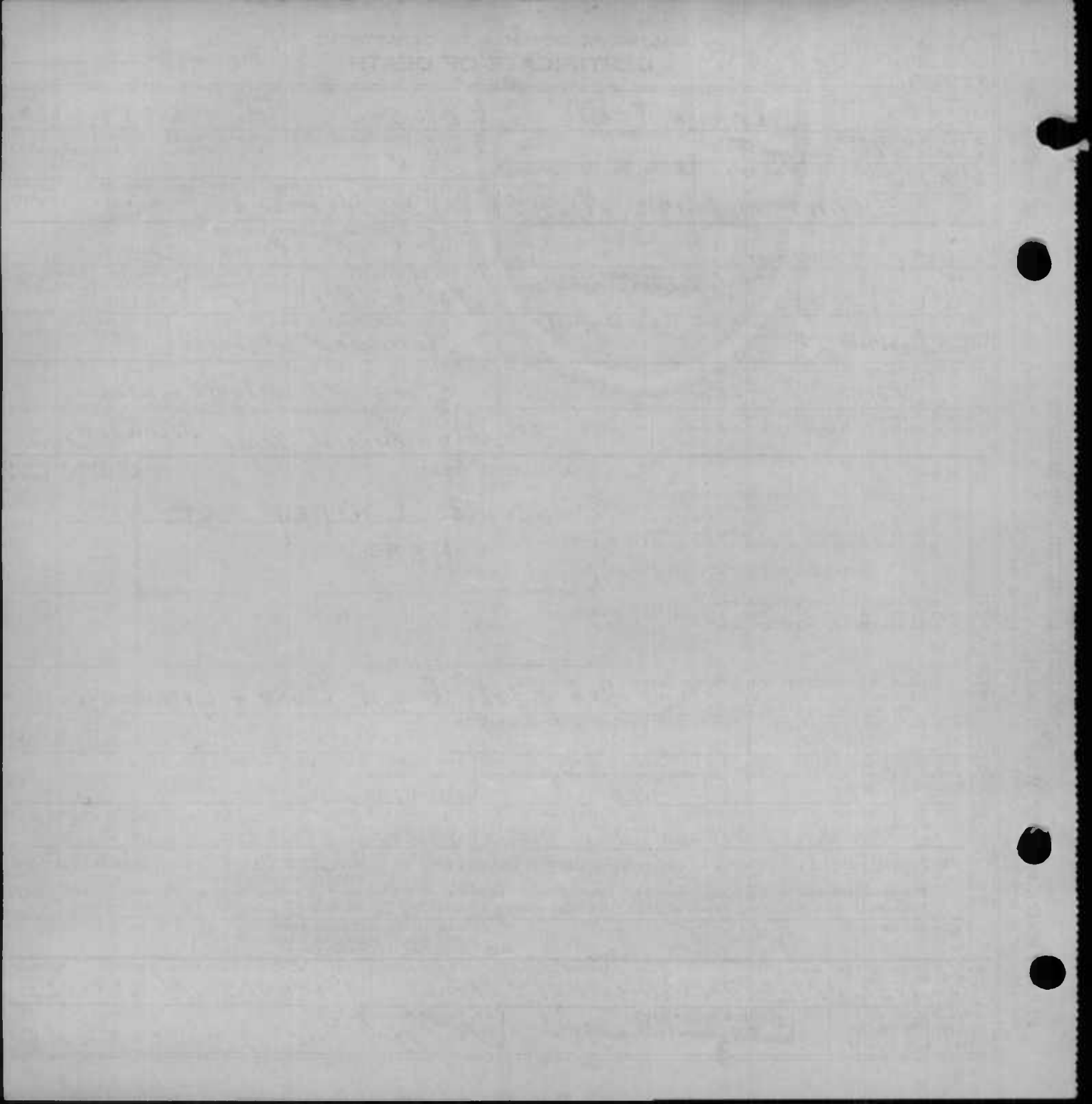
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 4457

BIRTH NO. 50 4457		1. NAME OF DECEASED (Type or Print) CLARKE M. LARSON		2. DATE OF DEATH May 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland MD		4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE MD.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04		D. STREET ADDRESS (If rural, give location) 905 N. Broadway	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH Nov 6-1901		9. AGE (In years last birthday) 48 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) D.	11. BIRTHPLACE (State or foreign country) Glenwood Minn		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Hans Larson		14. MOTHER'S MAIDEN NAME Clara M Montgomery		17. INFORMANT Hoplin Funeral Home	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS Glenwood Minn	
18. E916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CRUSHING INJURY OF HEAD		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 2nd + 3rd ° Burns TRUNK + EXTREMITIES		(A) DUE TO		(B) DUE TO	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 905 N. Broadway 7/4	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 14, 1950 8.30a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? trying to escape fire Accidentally fell from window while	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE RS Fisher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE May-17-50		24C. NAME OF CEMETERY OR CREMATORY Glenwood Cem.	
24D. LOCATION (City, town, or county) (State) Glenwood - Minnesota		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1950		24F. REGISTRAR'S SIGNATURE Huntington Williams, Md	
24G. FUNERAL DIRECTOR Wm Cook Inc. 1217 St Paul St		24H. ADDRESS		24I. VS 151 N-803.2	



50 4458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4458

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA BROWN

2. DATE
OF
DEATH

May 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

219 West Biddle Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 West Biddle Street

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

72 ?

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Snow Hill, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Rachel Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Reuben Jones -2432 Woodbrook Ave

18. 4-20-1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4-3, 1936 to 5-12, 1950 that I last saw the deceased alive on 5-12, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2224 Madison Avenue

5/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/17/50

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

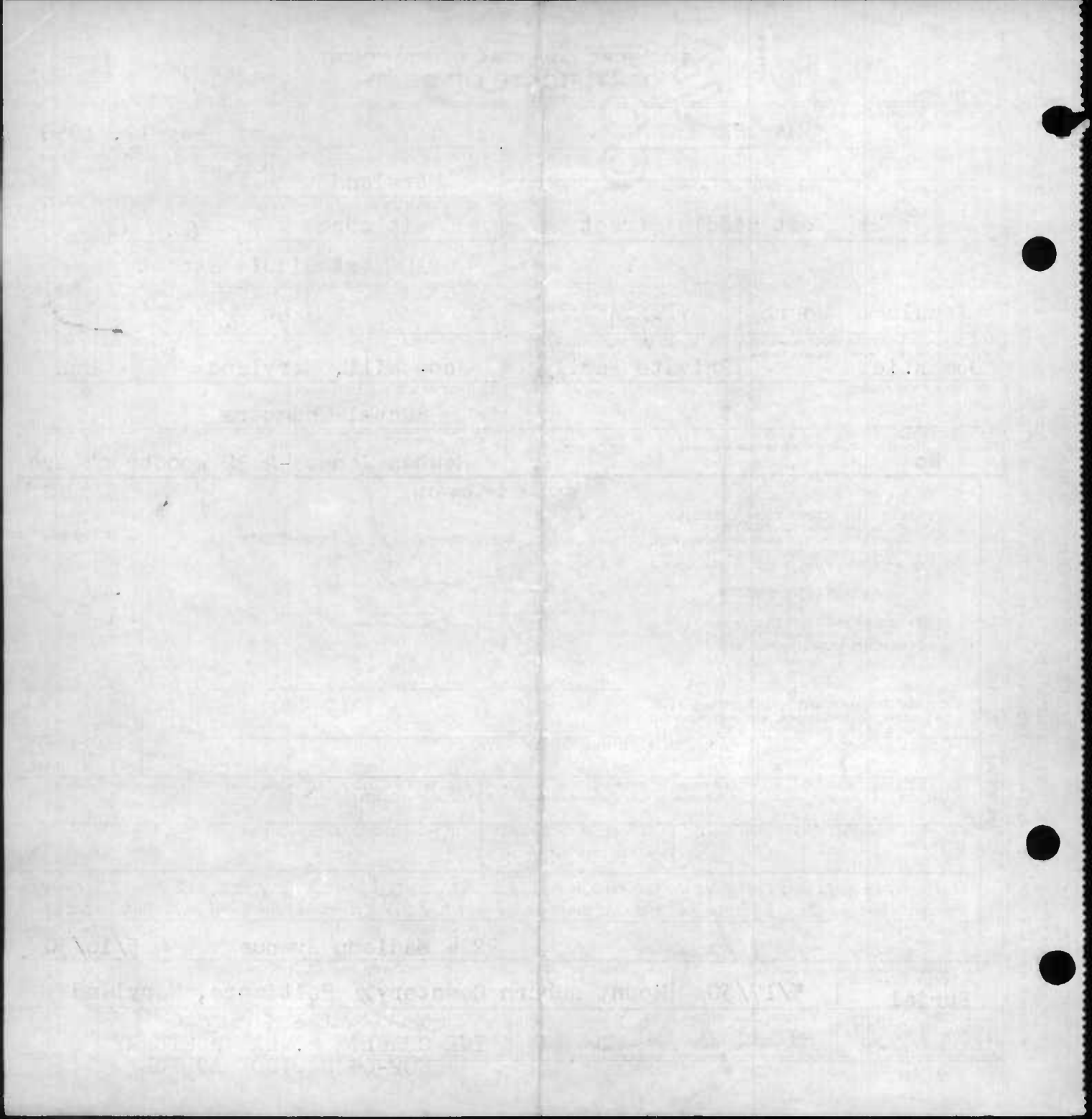
ADDRESS

MAY 17 1950

Huntington Williams, M.D.

THE CHARLES R. LAW MORTUARY

802-04, MADISON AVENUE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elsie K. Kaufman

2. DATE
OF
DEATH

5/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

c. Length of stay in Baltimore

52 Yrs
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

10-26-1897

9. AGE (In years
last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

OSCAR JUNGHANEL.

14. MOTHER'S MAIDEN NAME

KATHERINE DEAN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Henry Kaufman

ADDRESS

above

18. 199a

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Rt pleural effusion, atelectasis
due to rt pleural metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) metastatic carcinoma liver
due to pelvis(C) Probable carcinoma of pelvis?
Pan hysterectomy 1944INTERVAL BETWEEN
ONSET AND DEATHKnown
since 8-49II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Marked anemia cachexia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1950 to 5-15, 1950, that I last saw the
deceased alive on 5-14, 1950, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Candler

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

5/18/50

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

NORTH AVE & ROSE ST.

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Clarence P. Hoffman 1639 Broadway

ADDRESS

MAY 17 1950
VS 150

55E

Primary site unknown, 50-4459-6/5/50.

P-626 CERTIFICATE CORRECTED 5-23-50
AB-135383

50 4460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50 4460

1. NAME OF DECEASED (Type or Print) Charles William Parker			2. DATE OF DEATH 5-16-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Av			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 412 Poppleton St		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25 (1897)	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Construction		
13. FATHER'S NAME Chris Parker			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 218-10-3983		
17. INFORMANT Balto. Cmty Hospital Records 4940 Eastern Av.			MOTHER'S MAIDEN NAME Julia Jones		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1-30 , 1950, to 5-16 , 1950 that I last saw the deceased alive on 5-16 , 1950 and that death occurred at 4.55 AM , from the causes and on the date stated above.				
23A. SIGNATURE Chas H. Cooper	23B. ADDRESS M. D. 4940 Eastern Ave	23C. DATE SIGNED 5-16-50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5/19/50	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1950	RECEIVED BY REGISTRAR Chas H. Cooper	25. FUNERAL DIRECTOR Chas H. Cooper ADDRESS 512 Carverton av.		

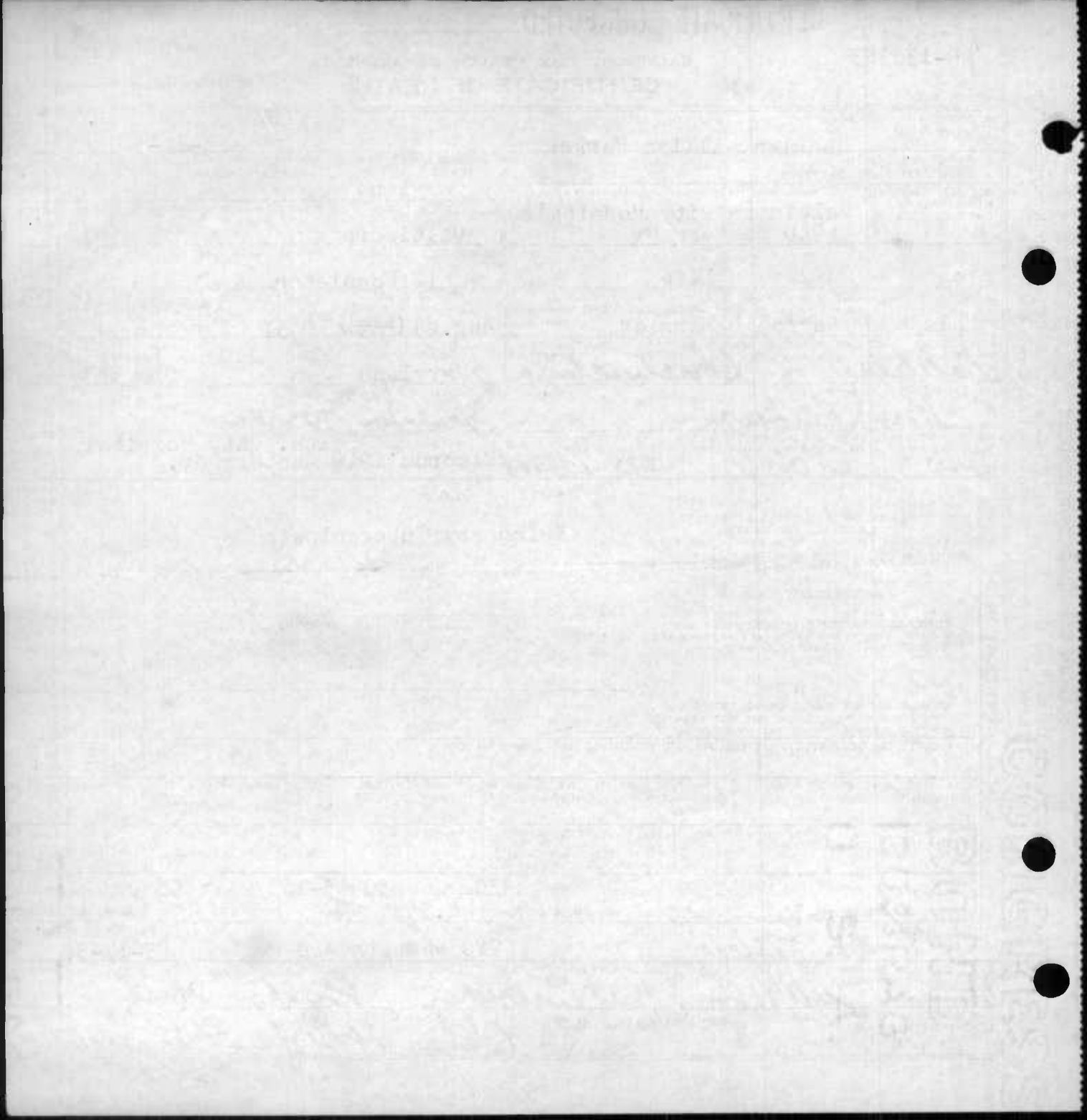
VS 150

98819

1313

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4461

BIRTH NO. 50 4461

1. NAME OF DECEASED (Type or Print) ADDISON, Albert				2. DATE OF DEATH 5/13/50			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01			
c. Length of stay in Baltimore				O. STREET ADDRESS (If rural, give location) 1406 W. Mulberry			
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH April 9, 1888	9. AGE (In years last birthday) 62	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stewman		10B. KIND OF BUSINESS OR INDUSTRY Tug Boat Co.		11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Joe Addison				14. MOTHER'S MAIDEN NAME Lusie Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Lusie Bailey 531 Brune St			
18. 465 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Emboli DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Compensative Heart Failure DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/13, 1950 , to 5/13, 1950 , that I last saw the deceased alive on 5/13, 1950 , and that death occurred at 8 P.m. , from the causes and on the date stated above.							
23A. SIGNATURE John H. Holmes III M.D.				23B. ADDRESS Provident Hosp.		23C. DATE SIGNED 5/14/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/18/50		24C. NAME OF CEMETERY OR CREMATORY St. Calvary		24D. LOCATION (City, town, or county) (State) A.A. County md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 17 1950		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR Chas. Harper		ADDRESS 512 E. Fayette St	

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

1

2

RECEIVED

NOV 10 1964

11 11 11

F-623

50 4462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4462

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta (Gussie) A. Forsyth

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

50-07

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2121 W. Fayette St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2121 W. Fayette St.

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 29, 1870

9. AGE (in years
last birthday)

79

If Under 1 Year If Under 24 Hours

Months: Days Hours: Min.

8 16

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick F. Guerke

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
None17. INFORMANT ADDRESS
Mrs Mollie Fischer, 2121 W. Fayette St

18.

420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to May 15, 1950, that I last saw the
deceased alive on May 14, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Callahan

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

5/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

VS 150

Frederick A. Callahan, M.D.

Frederick A. Callahan, 1913 W. Balto. St.

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4463BIRTH NO. 50 44631. NAME OF DECEASED
(Type or Print)JOZEFA MARKIEWICZ2. DATE
OF
DEATHMay 16 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. CityB. FULL NAME OF
HOSPITAL OR
INSTITUTION617 S. Belnord ave4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Balto. City1-02

D. STREET ADDRESS (If rural, give location)

617 S. Belnord ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

18779. AGE (in years,
last birthday)73If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

L

14. MOTHER'S MAIDEN NAME

Jadwiga Sarek15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Joseph Markiewicz 617 S. Belnord Ave.18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

myocardial Degeneration2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Senile Arteriosclerosis, Generalized3 yrs.

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from march, 1950, to May, 1950, that I last saw the
deceased alive on May 2, 1950, and that death occurred at 10:01 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LeDoux

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

5/16/5024A. BURIAL, CREMA-
TION REMOVAL (Specify)Burial

24B. DATE

May 12-1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRARMAY 17 1950

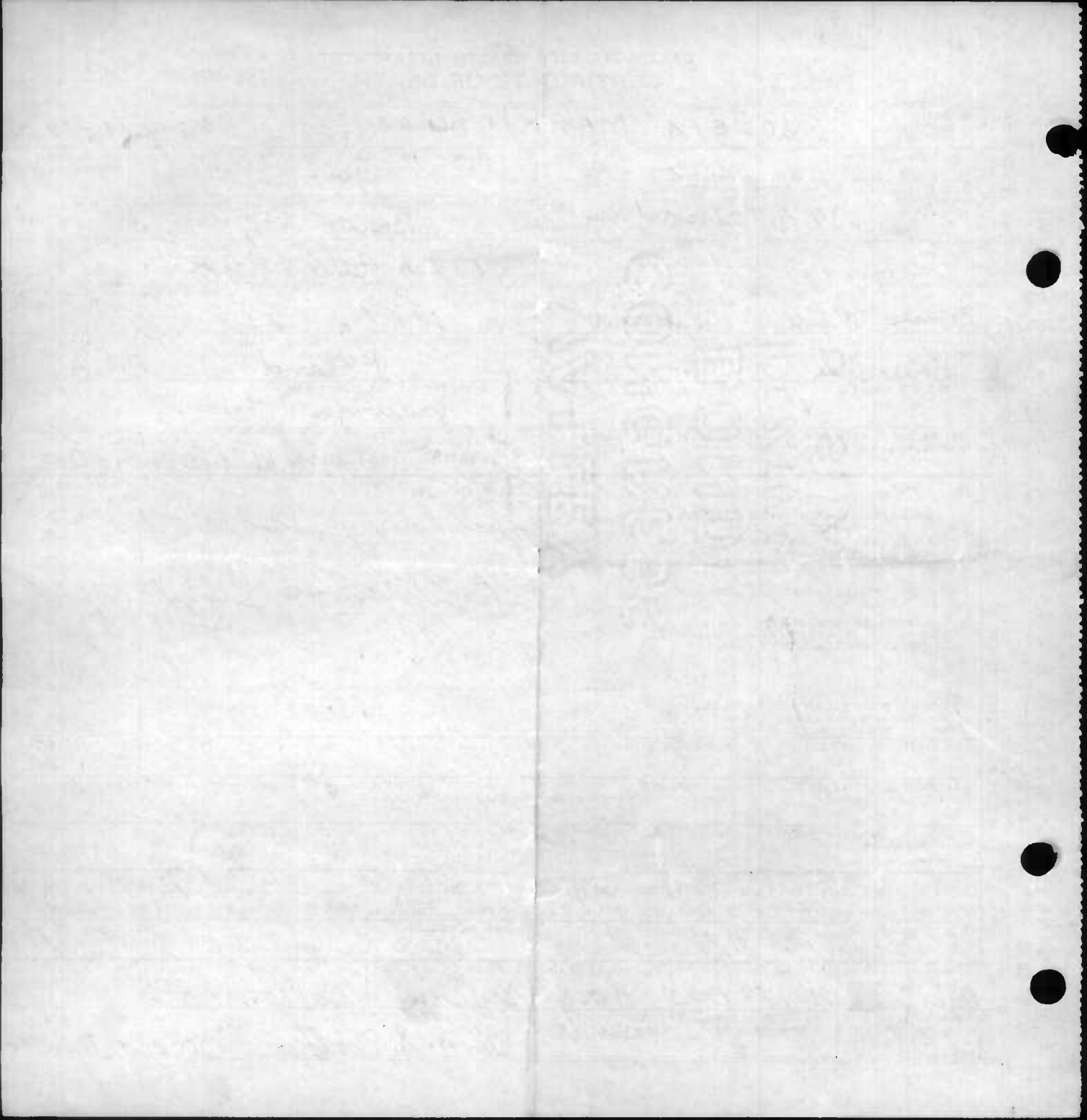
REGISTRAR'S SIGNATURE

William S. Fialkowski

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave



W-350
50 4464BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4464

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth J. Whitney

2. DATE
OF
DEATH

5/16/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

38 Univ. of Maryland Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-10

d. STREET ADDRESS (If rural, give location)

3913 Chatham Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 20, 1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Lyman Gardner

14. MOTHER'S MAIDEN NAME

Martha Mathews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. W. Monroe Whitney 3913 Chatham Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro Vascular Accident - 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerotic Cardio-vascular
disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

ml.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12/50, 1950, to 5/16, 1950, that I last saw the
deceased alive on 5/16, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Mark E. Hall, Jr.

M. D.

23b. ADDRESS

21st Md. Hosp.

23c. DATE SIGNED

5/16/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24b. DATE

5/19/50

24c. NAME OF CEMETERY OR CREMATORY

Abington Hills

24d. LOCATION (City, town, or county)

Scranton, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Pickens & Sons

25. FUNERAL DIRECTOR

ADDRESS

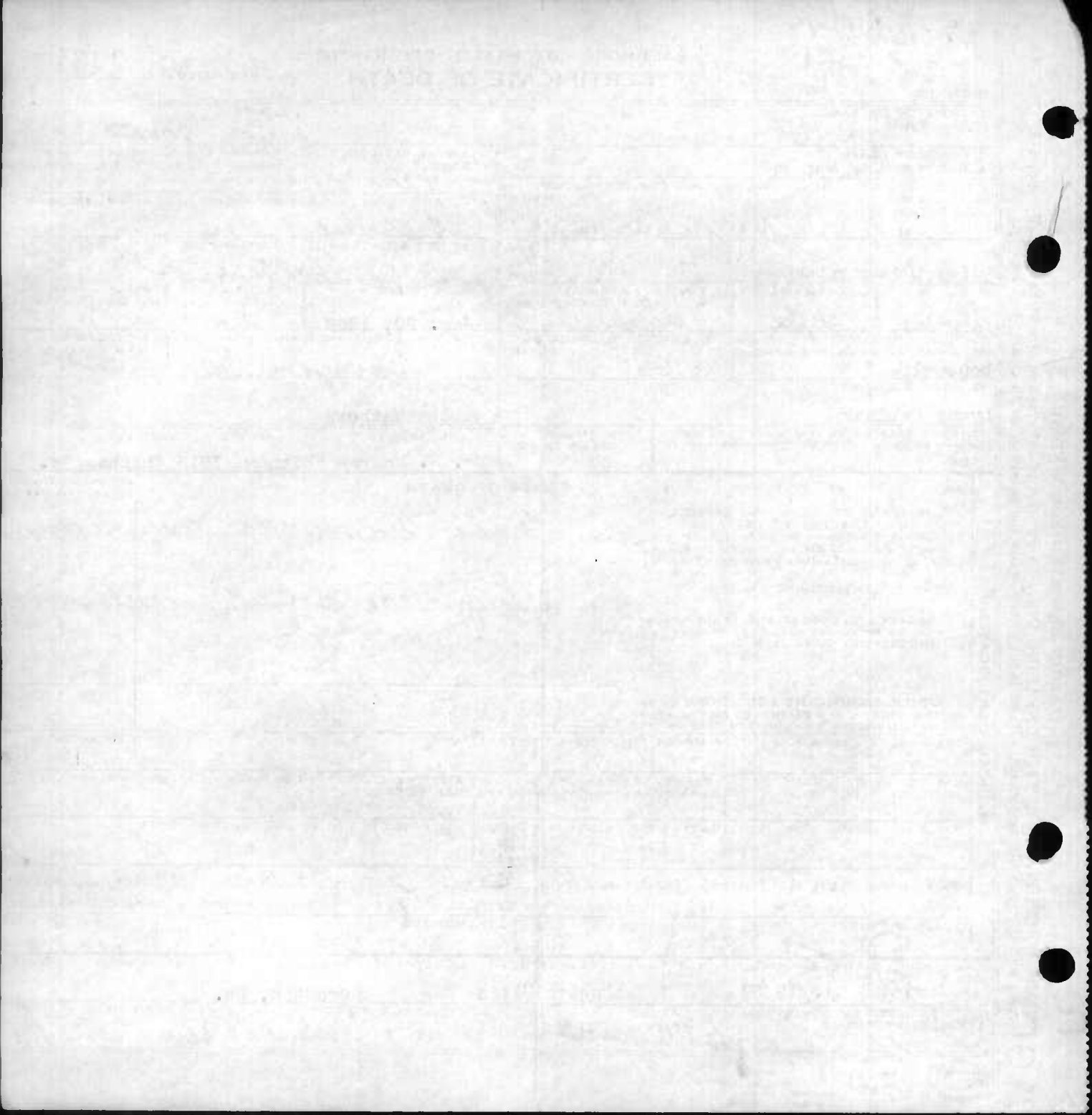
21st Md. Hosp.

MAY 17 1950

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5-324
50 4465BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4465

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED

(Type or Print)

GEORGE SATCHEL

2. DATE

OF

DEATH

May 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

703 W. Franklin Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June

9. AGE (In years

last birthday)

54

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life and if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Longshoreman

11. BIRTHPLACE (State or foreign country)

Balto. md

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Delia Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.

2-12-07-1838

17. INFORMANT

Geo. Dixon

ADDRESS

George

18. E 902.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral concussion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

703 W. Franklin Street

17/3

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

May 13, 1950 8.30pm.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Accidentally fell from window 2nd floor

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McCafferty

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 17 1950

W. Williams, M.D.

A. Halstead

1860

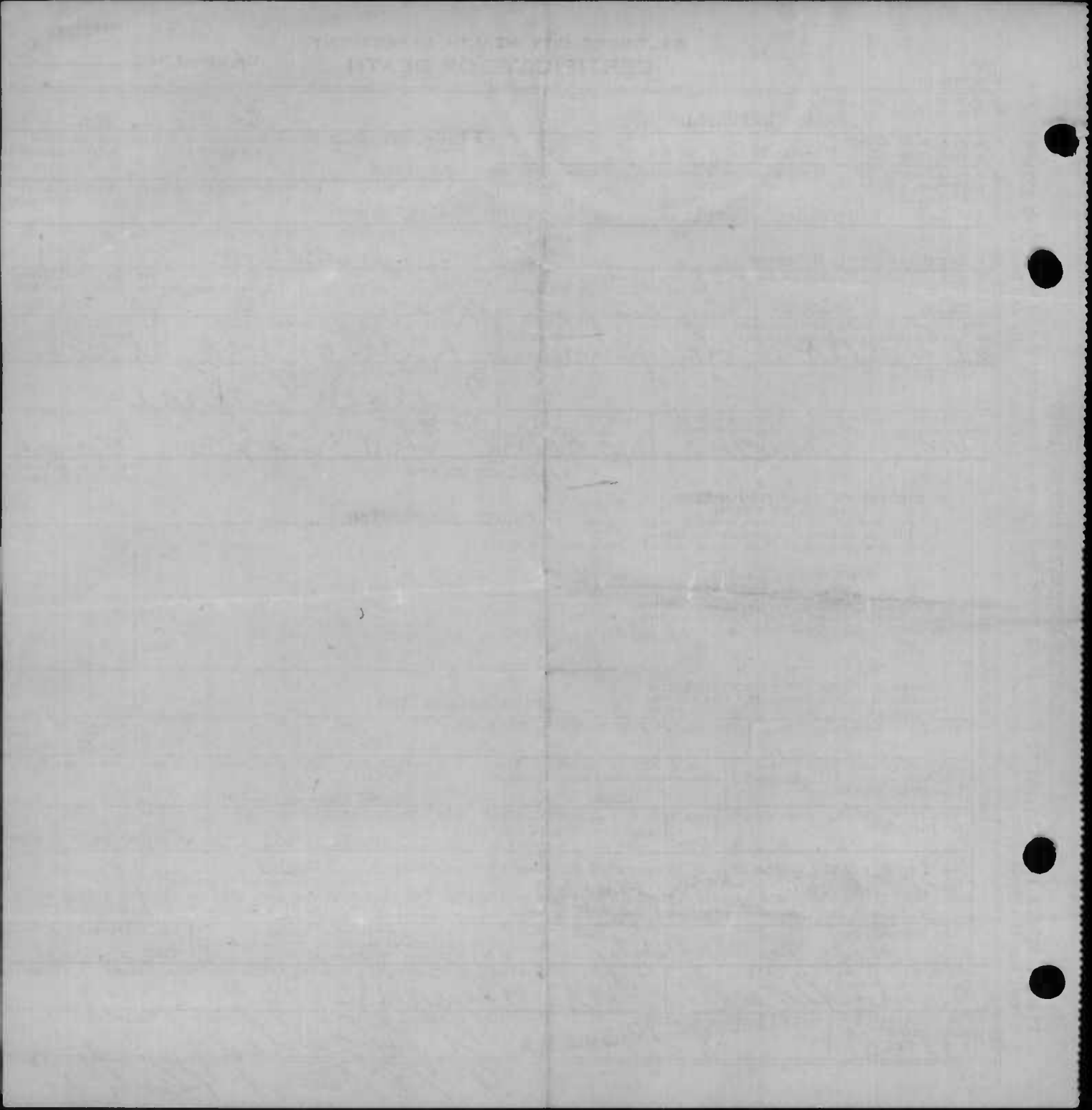
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90651 9 78 Dmd Hull ac

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



S-351

50 4466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4466

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GORDON CLARK STANBRO

2. DATE
OF
DEATH

May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

US Marine Hospital

Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2819 Alvarado Square

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/7/98

9. AGE (In years last birthday)

51

10. Under 1 Year

11. Under 24 Hours

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City Jail

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Warren Stanbro

14. MOTHER'S MAIDEN NAME

Mabel Mc Duffy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Hodgkin's disease

INTERVAL BETWEEN
ONSET AND DEATH

20 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A), STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 7, 1949, to May 16, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 12:45A m., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L.J. Luck - 5305 Hayford Rd

MAY 17 1950

60298

4463

5

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M-235
50 4467BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4467
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie Mac Donald

2. DATE
OF
DEATH

May 15-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

5313 Edmondson Ave.

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

(If not in hospital or institution, give street address or location)

Food Processing House
1422 Fillmore ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 9-05

D. STREET ADDRESS (If rural, give location)

1422 Fillmore Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 8-1883

9. AGE (in years)

66

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Boke

14. MOTHER'S MAIDEN NAME

Susie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J.W. Mac Donald- 720 E 37th ST.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease with cerebral sclerosis, marked.
Cerebral Thromboses, old

INTERVAL BETWEEN ONSET AND DEATH

10yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

8yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1946, to May 14, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer J.

M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

May 16, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 17 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

L. J. Ruck - 5305 Hartford Rd.

Dr. KAMMER.
906 E 37TH ST.

M-520

50 4468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4468

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Monk.

2. DATE
OF
DEATH

May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONHarford Convalescent Home
4700 Harford Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balti

27-07

D. STREET ADDRESS (If rural, give location)

2934 Sylvan Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Monk

14. MOTHER'S MAIDEN NAME

Elizabeth Ambrose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Ch. Monks. 2934 Sylvan Ave

18. 472.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerotic cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

? years

ANTECEDENT CAUSES

DUE TO

(B)

Rheumatoid arthritis

? years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 5, 1943, to May 16, 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. J. J.

23B. ADDRESS

6217 Harford Rd

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 15/1950

Mildred T. Blight 6009 Harford Rd

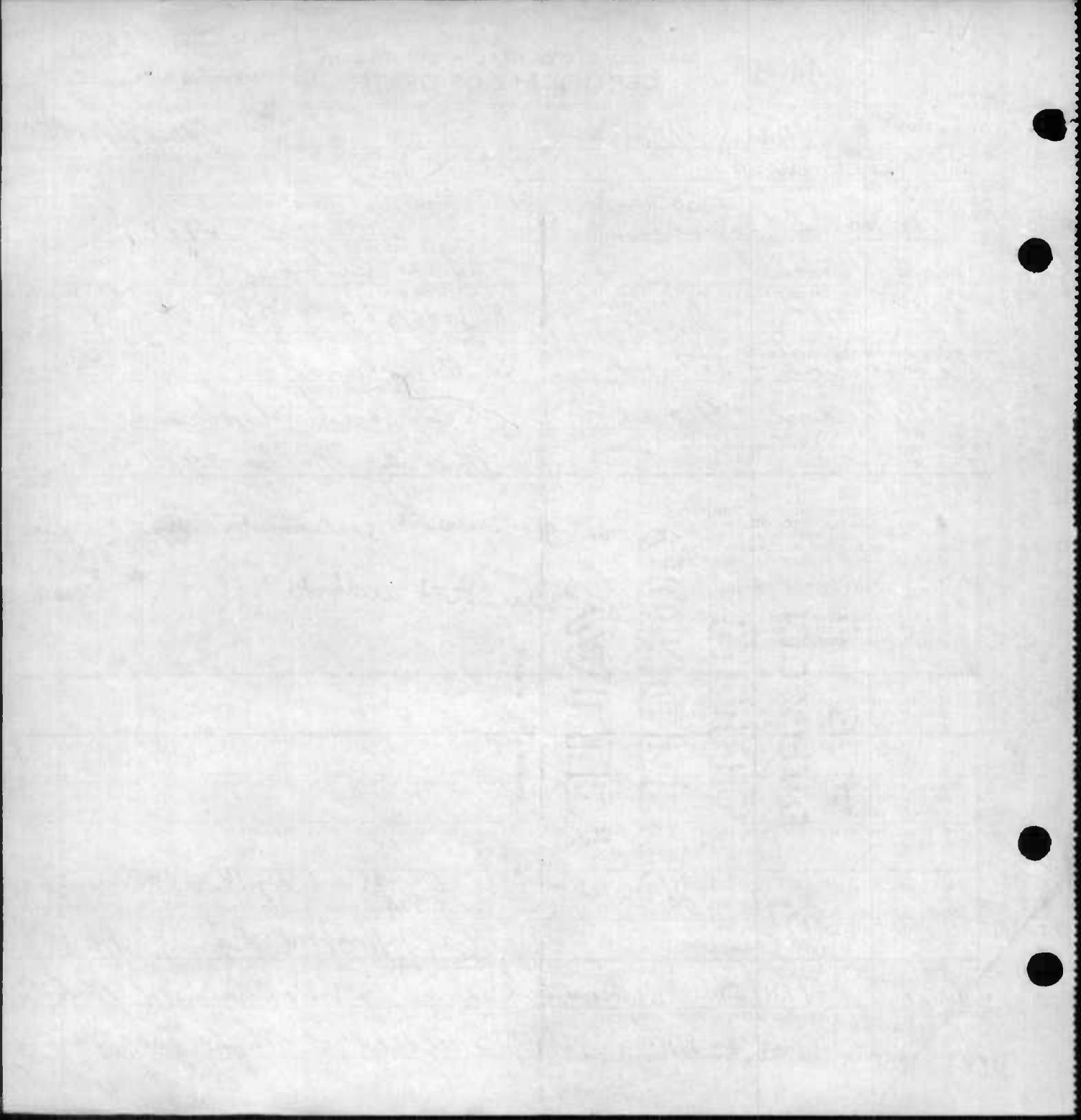
Mildred T. Blight 6009 Harford Rd

93c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



50 4469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emily Josephine O'Neill

2. DATE
OF
DEATH

May-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1226 So Chesapeake Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

100

at home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2650 Chesapeake Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Coronary Occlusion

DUE TO

5 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1950 to 5-16, 1950, that I last saw the deceased alive on 5-16, 1950, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

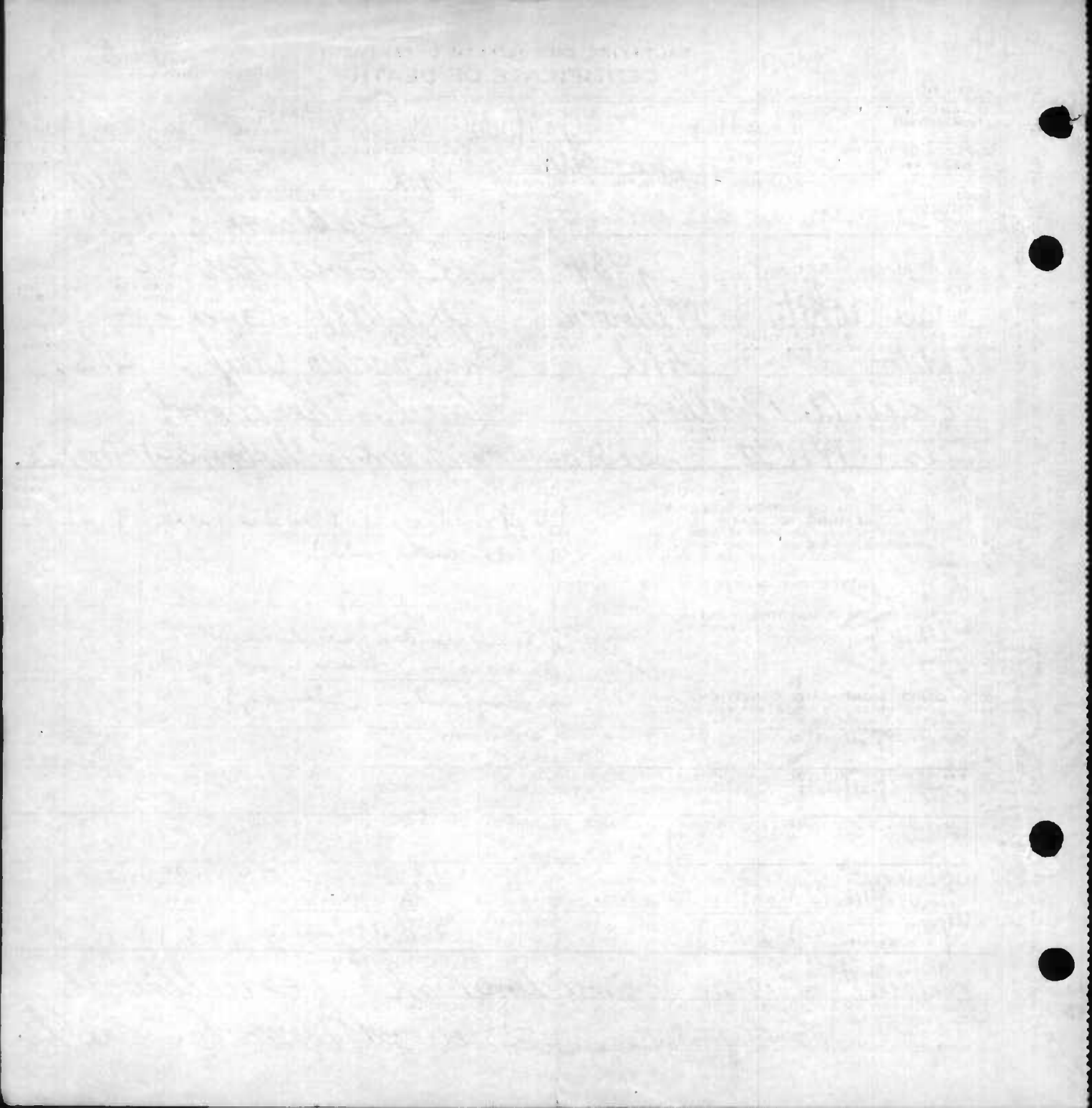
25. FUNERAL DIRECTOR ADDRESS

ADDRESS

MAY 17 1950

Wilmington Williams, Md.

Sewell-Morris - Balto.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4471
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FAID

SAM (Samuel E. Faid)

2. DATE
OF
DEATH

5-17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

City

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Sinai Hospital of Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1712 Harford Avenue

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-12-1888

9. AGE (In years last birthday)

61

10. Under 1 Year Months: Days

5

11. Under 24 Hours Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Fertilizer Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Faid

14. MOTHER'S MAIDEN NAME

Katie Raymond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

yes

(If yes, give war or dates of service)

World War I

16. SOCIAL SECURITY NO.

216-09-6894

17. INFORMANT ADDRESS

Mrs. Frank Coleman, 1712 Harford Avenue

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Ruptured Small Bowel

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Gangrene - Etio. unknown
Peripheral Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16 1950, to 5-17 1950, that I last saw the deceased alive on 5-17-50, 1950, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Barnett Berman

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-19-50

24C. NAME OF CEMETERY OR CREMATORY

Ceder Hill Cemetery

24D. LOCATION (City, town, or county)

Ritchie Highway, Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Linton Williams, M.D.

25. FUNERAL DIRECTOR

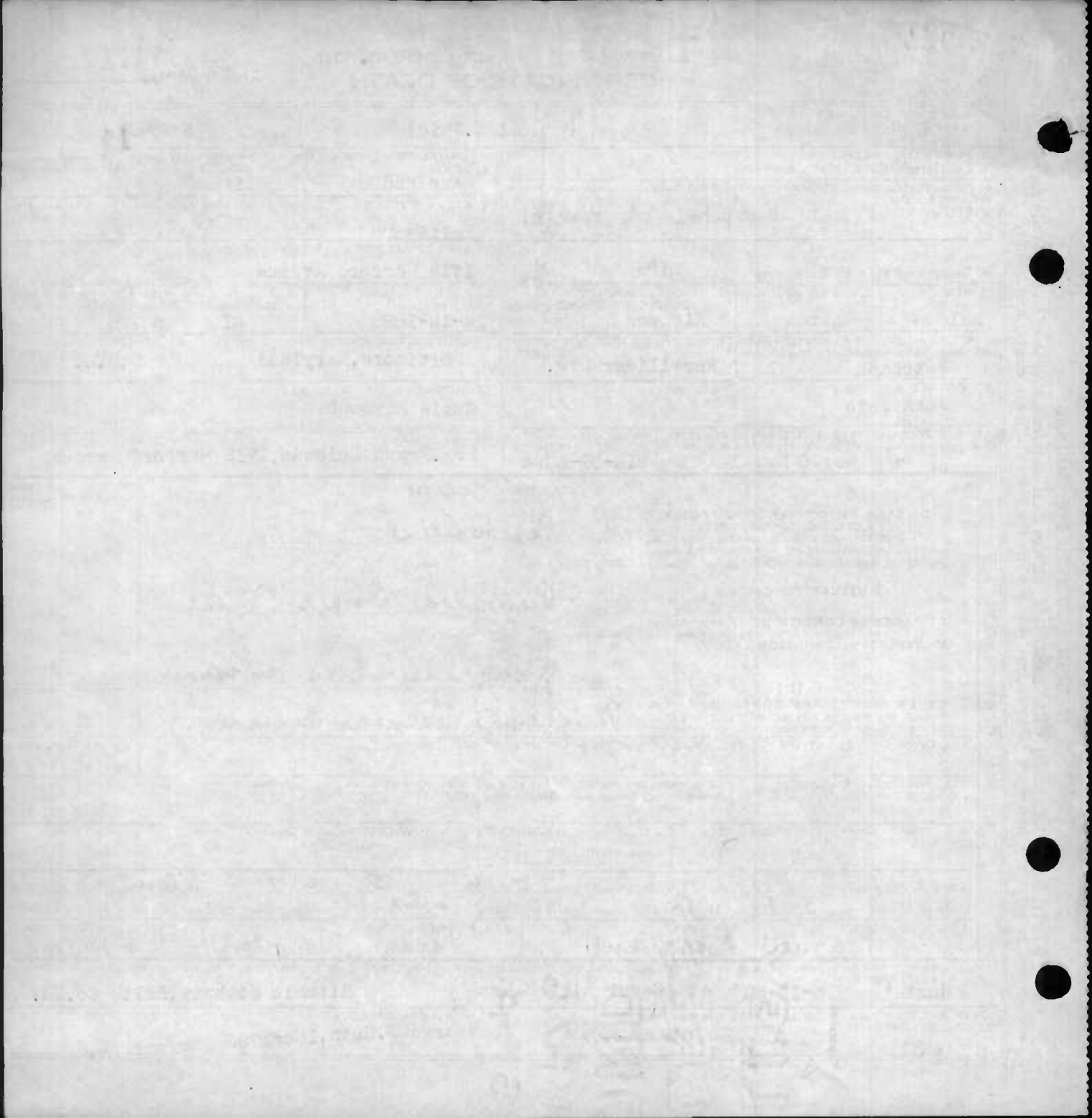
George J. Ruth, Inc-1735 Harford Ave

ADDRESS

MAY 17 1950
VS 150

60217

122a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 4472**

BIRTH NO. 50 4472		1. NAME OF DECEASED (Type or Print) Carol Hockman		2. DATE OF DEATH MAY 17 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Virginia B. COUNTY V-43	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parsons	
c. Length of stay in Baltimore 12 days				D. STREET ADDRESS (If rural, give location) Quality Hill	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-23-30		9. AGE (In years last birthday) 19 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Parsons, W.Va.	
13. FATHER'S NAME A. Smith Hockman				14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT JOHNS HOPKINS HOSPITAL	
				ADDRESS	

18. 751X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 223?		CAUSE OF DEATH (A) Congenital malformations of brain and spine		INTERVAL BETWEEN ONSET AND DEATH 19 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arnold - Chiari malformation		
		(C) Klippel - Feil syndrome, meningocoele, hydrocephalus		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

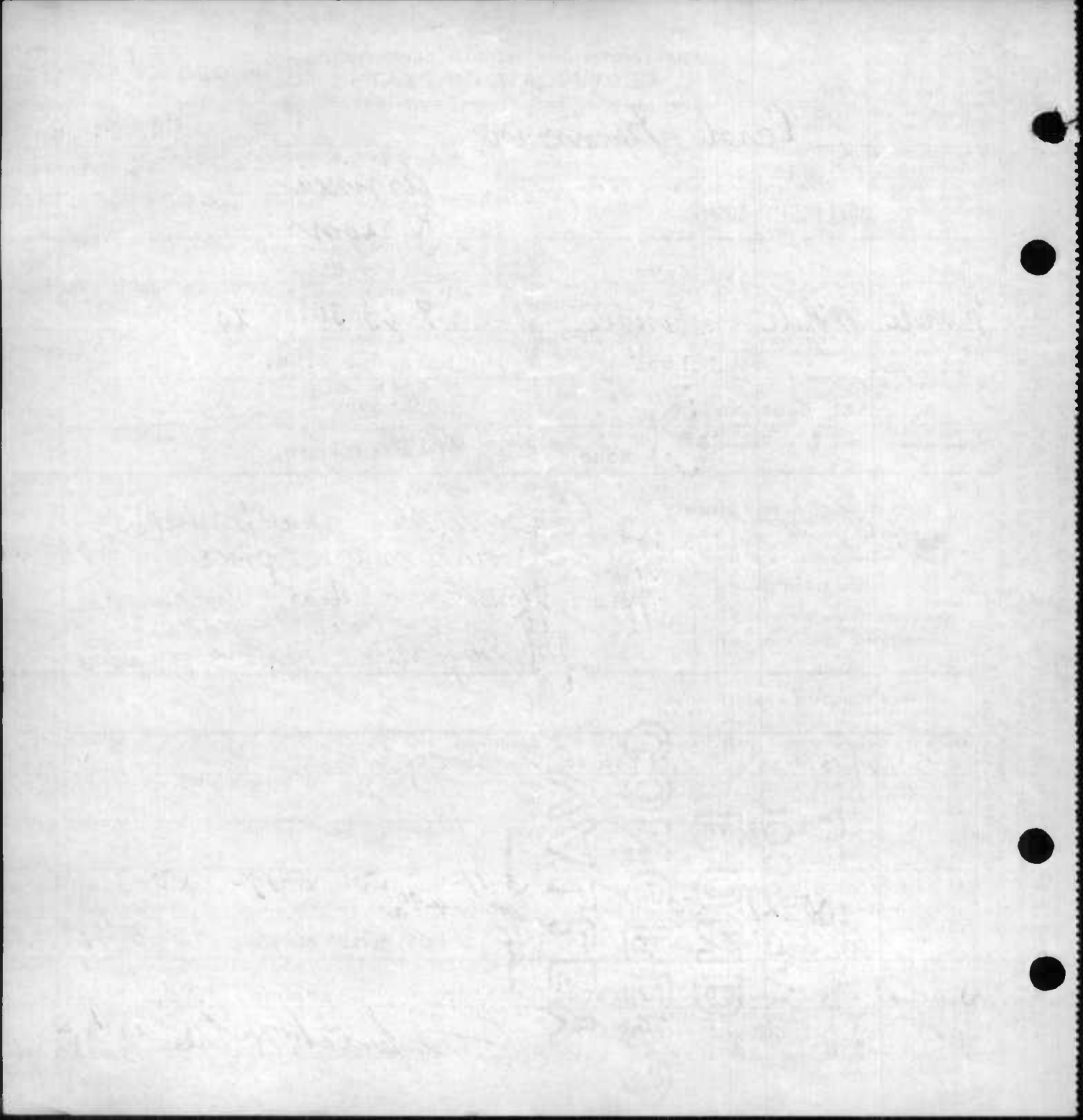
19A. DATE OF OPERATION 5/13/50		19B. MAJOR FINDINGS OF OPERATION Internal hydrocephalus		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-11-1930 to 5-17-1950 , that I last saw the deceased alive on 5-17-1950 , and that death occurred at 4:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Maurice [Signature]		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5/17/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 20, 1950		24C. NAME OF CEMETERY OR CREMATORY Parsons Cemetery	
				24D. LOCATION (City, town, or county) (State) Parsons, W.Va.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Landwick R. [Signature]	
				ADDRESS 1912 W. Baltimore	

VS 150

87E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4473
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances T. Schaefer

2. DATE
OF
DEATH

5/16/50 9³⁵ PM.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

8-07

D. STREET ADDRESS (If rural, give location)

1422 N. Bond St.

B. FULL NAME OF HOSPITAL OR INSTITUTION

1422 N. Bond St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 1872

9. AGE (in years last birthday)

77

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Ellicott City Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank W. Schaefer 1422 N. Bond St

18. *356.0 I*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Cerebral hemorrhage*
paralysis of right side, bulbar involvement
Hypertension

INTERVAL BETWEEN ONSET AND DEATH

Jan 1/50
noted in 1943

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bulbar involvement - difficulty in swallowing

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *June 27, 1943* to *May 16, 1950* that I last saw the deceased alive on *May 16, 1950* and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

John A. Kutscher

M. D.

23B. ADDRESS

122 E. Eager St.

23C. DATE SIGNED

May 17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 18 1950

REGISTRAR'S SIGNATURE

Thurston H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

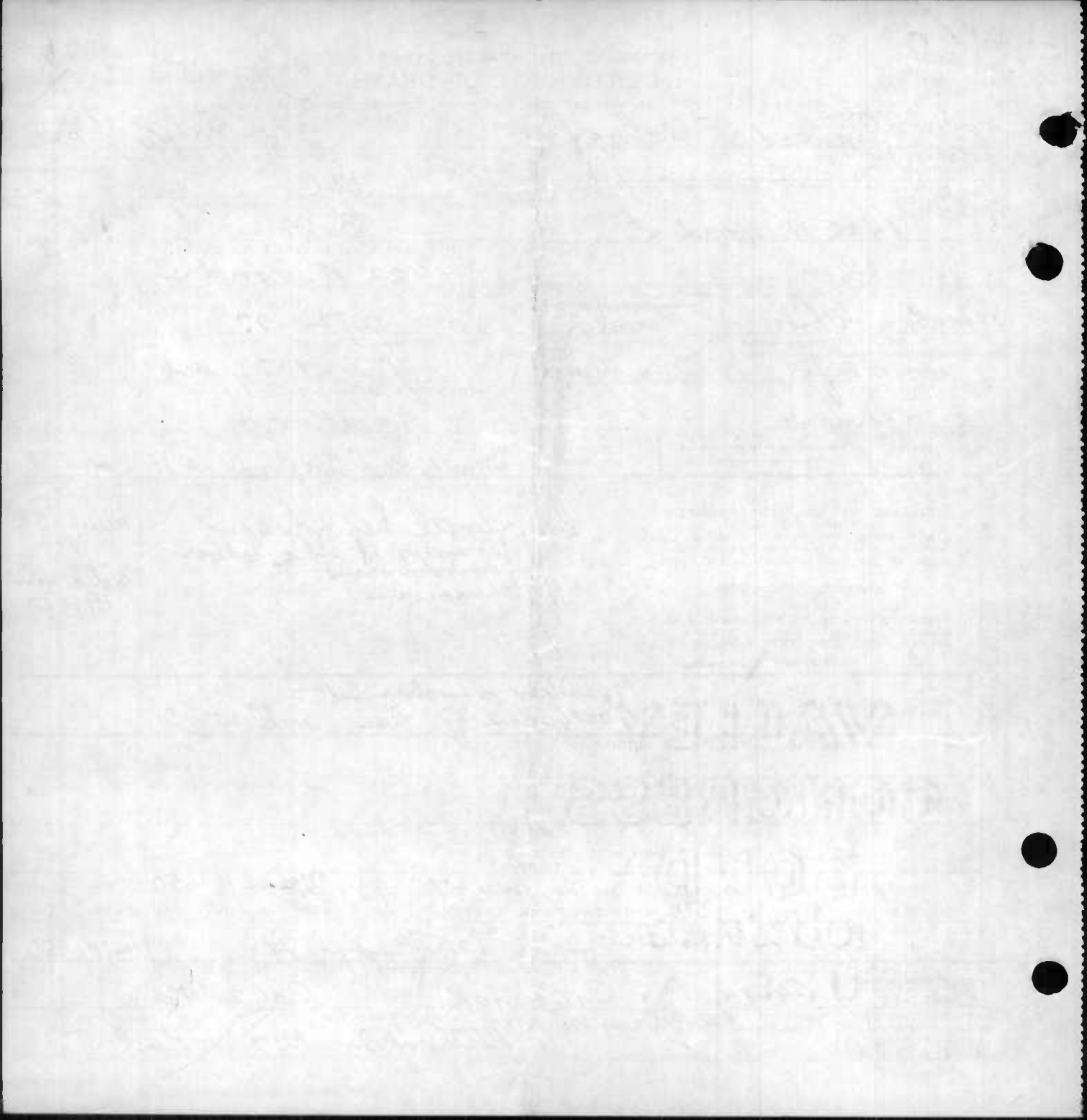
Wm Cook Inc. 1217 St. Paul St.

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4474

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jane McKeown

2. DATE
OF
DEATH

5-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

31 Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?? 1888?

9. AGE (In years
last birthday)

62

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Never Employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? Felix McKeown

14. MOTHER'S MAIDEN NAME

? Mary McKeown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4940

Records* Balto. City Hospitals Eastern Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Chronic Bronchitis and Pulmonary
Emphysema

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 8-12-1912 to 5-16-1950, that I last saw the
deceased alive on 5-16-1950, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Cogen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

5-17-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Balto

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

45m Cook Ave. 1217 St. Paul St.

MAY 18 1950

VS 150

STANDARD FORM NO. 64

107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 4475**

BIRTH NO. 50 4475		1. NAME OF DECEASED (Type or Print) REBECCA BLUMBERG		2. DATE OF DEATH 5-16-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park Heights Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mt Sinai Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		6-05	
c. Length of stay in Baltimore 60		D. STREET ADDRESS (If rural, give location) 2 No Broadway		Yrs. 60 Mos. 0 Days 0	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 7-3	9. AGE (In years, last birthday) 73	# Under 1 Year Months: Days: # Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Leon Blumberg 3914 Annelawn Rd	
18. 260X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Cardiac Dilatation			
ANTECEDENT CAUSES		(B) Chronic Myocarditis.		years.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Diabetes.		Years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		old age			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1944 to May 16, 1950 that I last saw the deceased alive on May 10 1950 and that death occurred at 10:47 P. M. from the causes and on the date stated above.					
23A. SIGNATURE Stark C. Blake		23B. ADDRESS Med. Arts Bldg		23C. DATE SIGNED 5-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 5-18-50	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewicki		ADDRESS 2100 Eutaw Pl	

Blank
Med Arts Bldg
9³⁰

C-461
50 4476BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4476

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Salvatore Collura Fici

2. DATE
OF
DEATH

5/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

5813 Belair Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

26-01

c. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5813 Belair Rd

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 29th 18759. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

barber

10B. KIND OF BUSINESS OR
INDUSTRY

Own Shop

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Collura Fici

14. MOTHER'S MAIDEN NAME

Mary Corrolio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Collura Fici 5813 Belair Rd

18. 420.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Hypertensive arteriosclerotic
heart diseaseINTERVAL BETWEEN
ONSET AND DEATH

10 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from May 13, 1950, to May 16, 1950, that I last saw the
deceased alive on May 16, 1950, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Helene Gheris

M. D.

23B. ADDRESS

6222 Belair Rd.

23C. DATE SIGNED

May 17, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lorraine Funeral Home

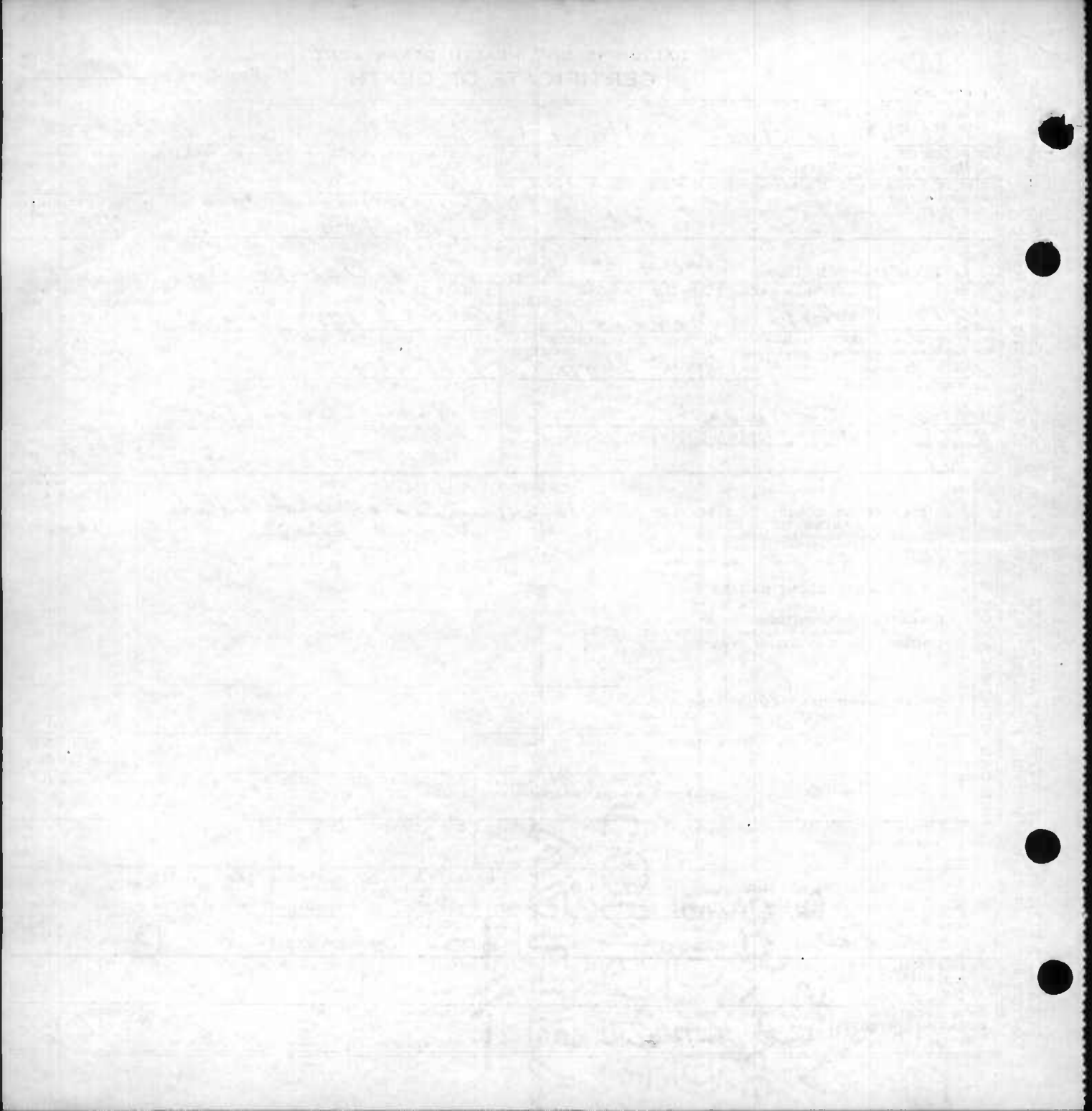
ADDRESS

7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 5-26-50
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. 50 4477

BIRTH NO. 50 4477

1. NAME OF DECEASED (Type or Print) *Charles Johnson*

2. DATE OF DEATH *May 16, 1950*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Baltimore*
B. FULL NAME OF (If not in hospital or institution, give street address or location) *Little Sister of Poor*
C. Length of stay in Baltimore *Yrs. Mos. Days*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Balt.* B. COUNTY *Md.*
C. CITY OR TOWN (If outside corporate limits, write full name, and give township) *Balt. Md. 10-01*
D. STREET ADDRESS (If rural, give location) *1009 E. Biddle St.*

5. SEX *M.* 6. COLOR OR RACE *W.* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *W.*

8. DATE OF BIRTH *May 29, 1889* 9. AGE (In years, last birthday) *60* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Seaman* 10B. KIND OF BUSINESS OR INDUSTRY *Balt. Traction Co.* 11. BIRTHPLACE (State or foreign country) *Balt. Md.* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Patrick Johnson* 14. MOTHER'S MAIDEN NAME *Ramona McMillen*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT *John Johnson* ADDRESS *1200 Valley Pl.*

18. *331X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH
(A) *Cerebral Hemorrhage* DUE TO
(B) *Arterio-Sclerosis* DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
3 days
3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

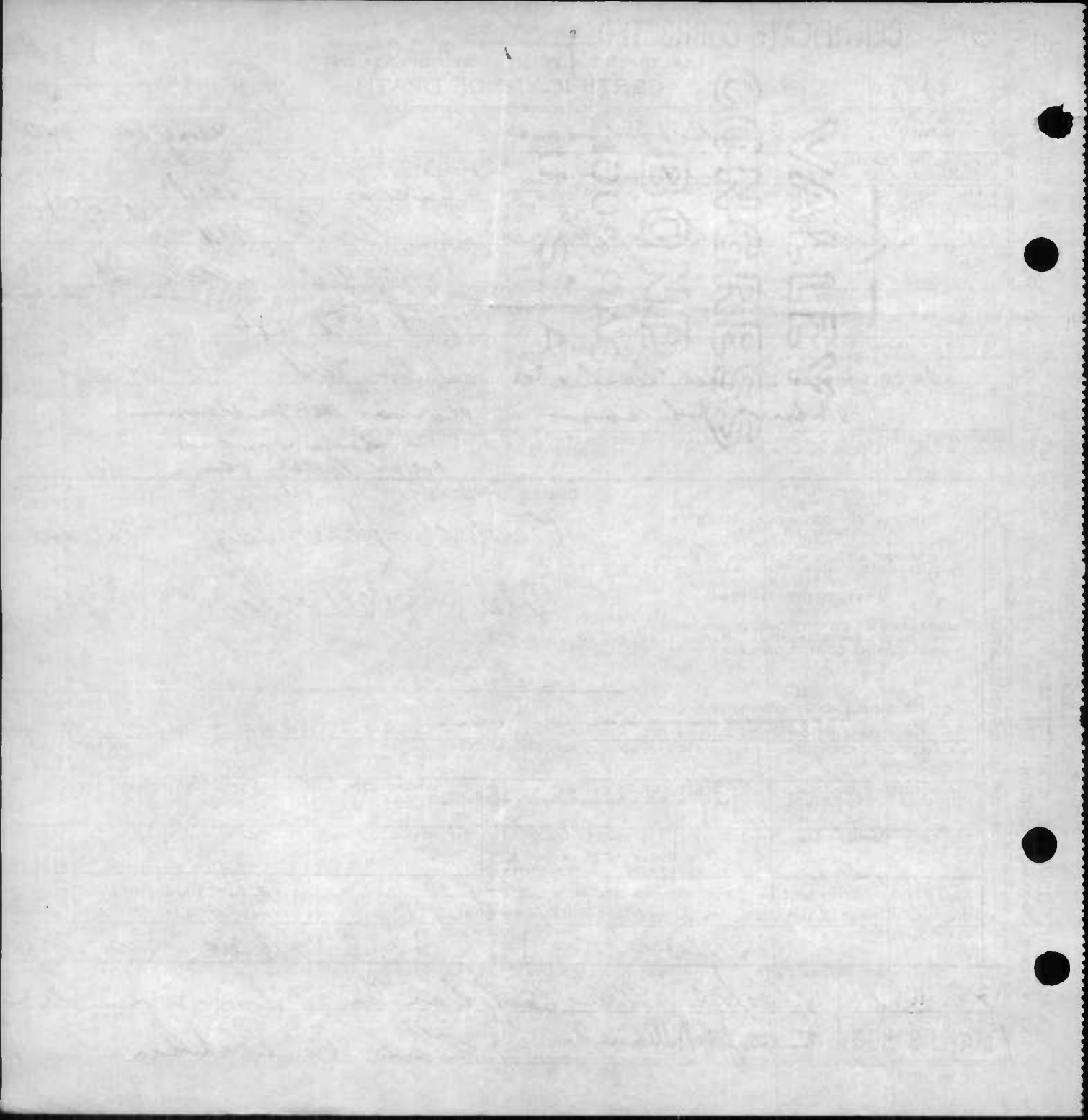
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 14, 1950*, to *May 16, 1950*, that I last saw the deceased alive on *May 16, 1950*, and that death occurred at *7 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *E. Gell Hall* 23B. ADDRESS *1631 E. North Ave* 23C. DATE SIGNED *May 17-1950*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *5/20/50* 24C. NAME OF CEMETERY OR CREMATORY *New Catholic Cem. Edmonson Ave* 24D. LOCATION (City, town, or county) (State) *Baltimore Md.*

DATE RECEIVED BY *MAY 18 1950* REGISTRAR'S SIGNATURE *Timothy W. Williams, M.D.* 25. FUNERAL DIRECTOR *Charles W. Conklin* ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4478

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Schweiger

2. DATE
OF
DEATH

5-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

DO

829 LIGHT ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

22-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

6. STREET ADDRESS (If rural, give location)

829 LIGHT ST.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

Sept 9, 1892

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PRINTER (Labels)

10B. KIND OF BUSINESS OR
INDUSTRY

DRUG CO- Wholesale

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANK H. SCHWEIGER

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helen Schweigere 829 Light St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from
deceased alive on 5/5, 1950 and that death occurred at 5:14 PM, 1950 that I last saw the
deceased on 5/5, 1950 and that death occurred at 5:14 PM, from the causes and on the date stated above.

23A. SIGNATURE

Louis J. Pratt

M. O.

23B. ADDRESS

80091 Helton Tolson

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-19-50

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

EASTERN AVE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

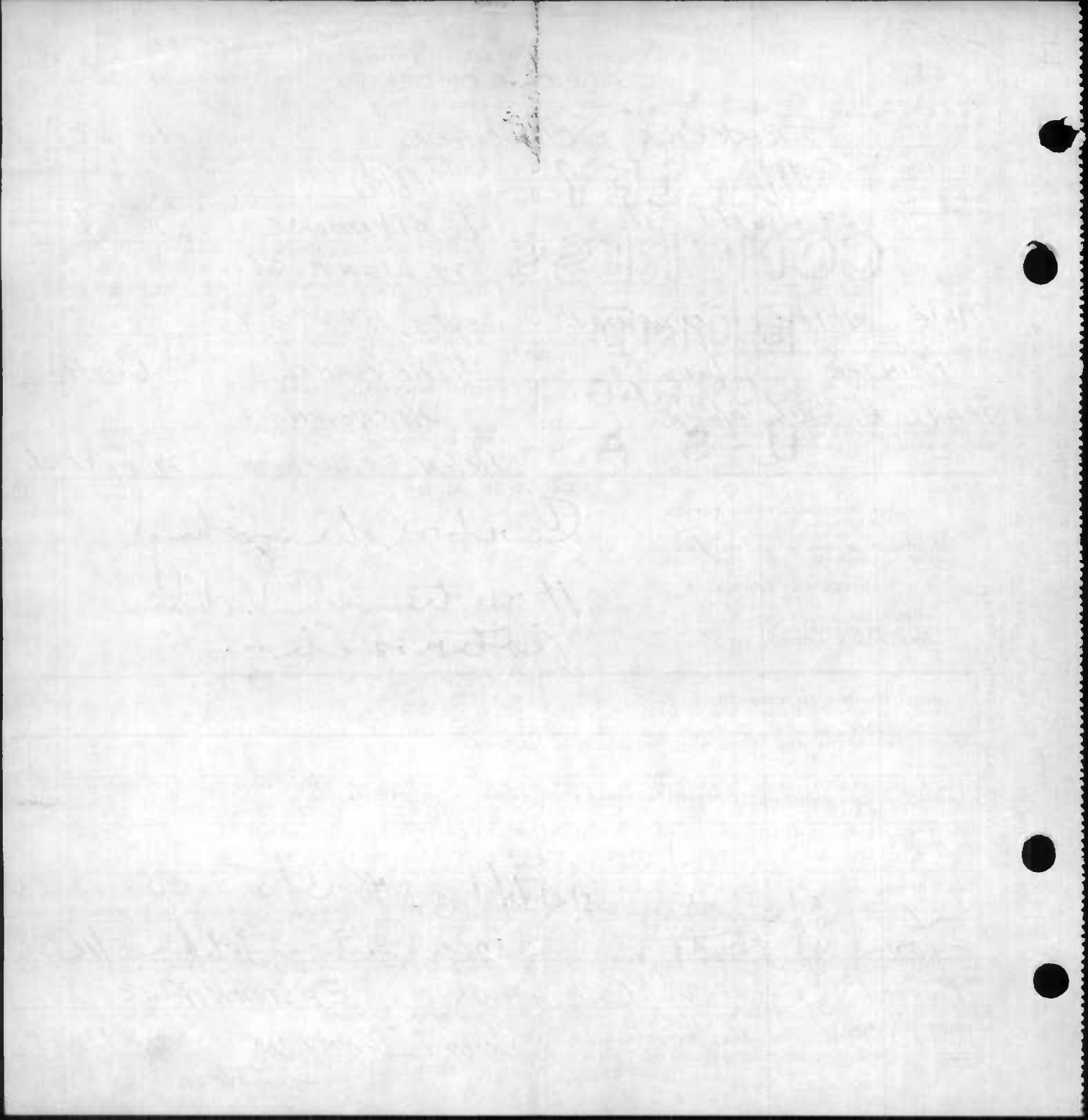
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNEY INC

715 LIGHT



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4479

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella E. Solley

2. DATE
OF
DEATH

5/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Solley

5200

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

43

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6/5/1863

9. AGE (In years, last birthday)

86

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owns Farm

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

THOMAS WOOD SOLLEY

14. MOTHER'S MAIDEN NAME

SARAH ANN WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

SARAH L. PHELPS Box 100 GLEN BURNIE, MD.

18. E903.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis: Heart Disease Undetected

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Fracture Neck Femur - l

9 days

CERTIFICATION APPROVED BY

Dr. Kammer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

per Dr. Kammer

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE INJURY OCCURRED (If outside corporate limits, give exact location)

Solley, Maryland

5200

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/8/50

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell at home (to floor)

22. I hereby certify that I attended the deceased from 5/8, 1950, to 5/17, 1950, that I last saw the deceased alive on 5/17, 1950, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John M. Blewett Jr.

M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

5/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/20/50

24C. NAME OF CEMETERY OR CREMATORY

PRIVATE CEMETERY WOODS, MD

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715-LIGHT ST

CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

GRISINGER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4480

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Elva Grisinger

2. DATE
OF
DEATH

5/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 24 6-01

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

162 North Totomae Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 4, 1881

9. AGE (In years,
last birthday)

68 69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Arthur Ducent

14. MOTHER'S MAIDEN NAME

Heiz Everett.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. W. Miller Church Home & Hospital

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Pulmonary Edema (Knots)
Atherosclerotic Heart Disease

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH1 day
8 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

10 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Osteo Arthritis -

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 15, 1950, to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

James G. Moran

23B. ADDRESS

M. D. Church Home & Hospital

23C. DATE SIGNED

5/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county) (State)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 18 1950

REGISTERING SIGNATURE

James G. Moran, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John G. Moran

3000 E. Baltimore St.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Date of registration	

Powell

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Agnes Powell

2. DATE
OF
DEATH

5/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

422 Leona Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-01

D. STREET ADDRESS (If rural, give location)

24 N. Curley St.

c. Length of stay in Baltimore

20 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 24th. 1878

9. AGE (In years last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

Sebra

14. MOTHER'S MAIDEN NAME

?

Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John W. Powell 7601 Poplar Ave.

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

5 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Infarction

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Arterio-sclerotic Heart Disease

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/16, 1950, to 5/16, 1950, that I last saw the deceased alive on 5/16, 1950, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Leon E. Kessel

M. D.

23B. ADDRESS

Near Hospital

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/20/50

Oaklawn

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

Huntington Williams, M.D.

John A. Moran 3000 E. Baltimore St.

THE STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1901

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY, N. Y.:
J. B. LIPPINCOTT COMPANY,
PUBLISHERS.

1901

1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4482
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles E. ALDRIDGE

2. DATE
OF
DEATH

May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4018 E. Lombard St.

c. Length of stay in Baltimore

3 Yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/30/1892

9. AGE (in years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Aldridge

14. MOTHER'S MAIDEN NAME

Anna Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

St.

Mrs. Idona Aldridge 4018 E. Lombard

18. 3220

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

May 16, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

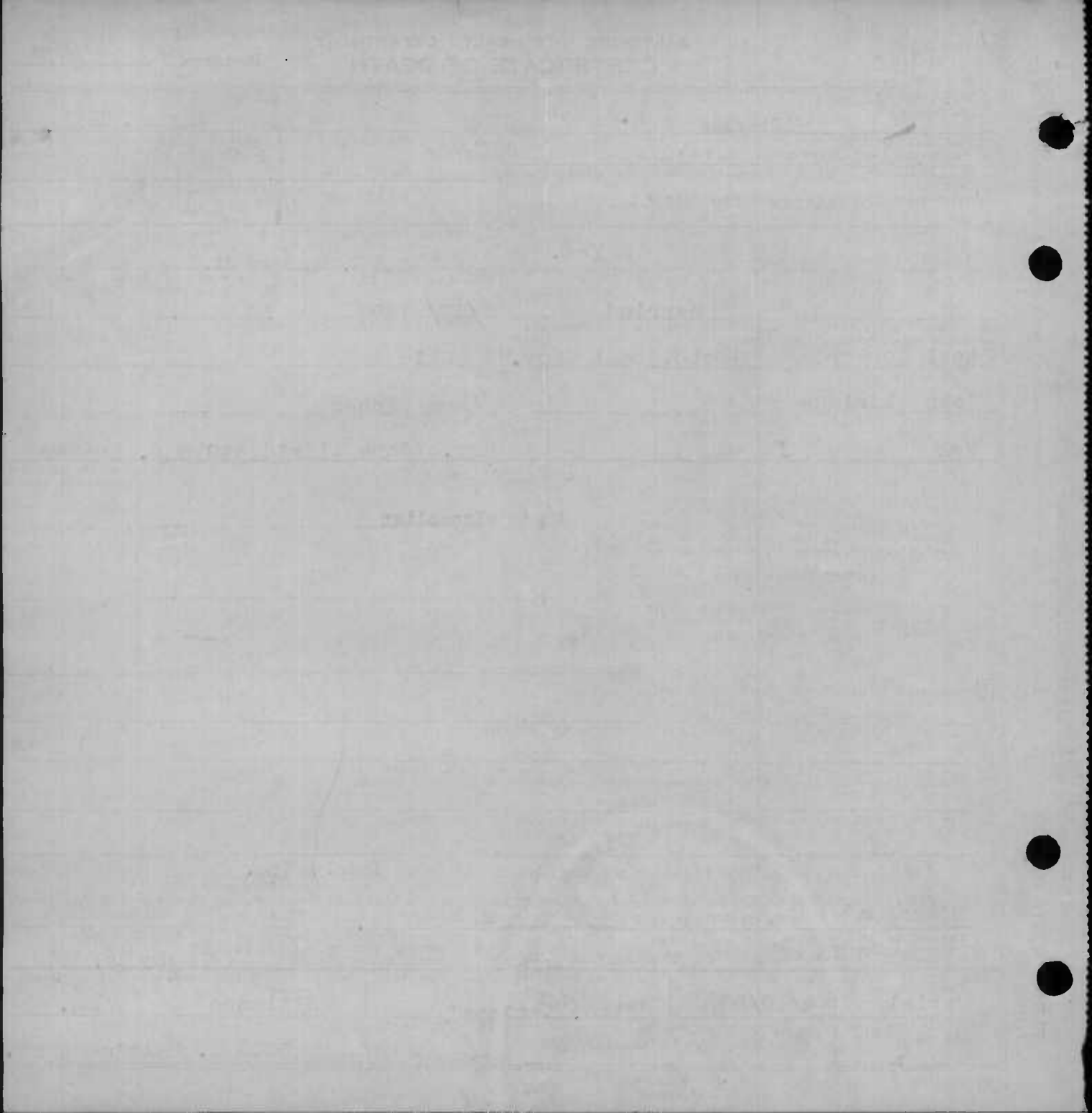
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Baltimore St.



To be Approved.
F636 4483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4483

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>LOUISE FREDERICK</i>		2. DATE OF DEATH <i>17 May 50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-06</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MARYLAND GEN'L Hosp.</i>		D. STREET ADDRESS (If rural, give location) <i>1509 E Lanvale St.</i>		c. Length of stay in Baltimore <i>70 yrs</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 29 1863</i>	9. AGE (in years last birthday) <i>86</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Albert Bodeker</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>Walter Frederick 1509 Lanvale St</i>	
18. <i>4221</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CARDIAC DECOMPENSATION</i> DUE TO <i>Anterior-schritze Cardio-Vascular Disease</i> DUE TO <i>CERTIFICATION APPROVED BY</i> <i>ASD when</i> M. D.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>SPINAL FRACTURE - Left Femur</i>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CHIEF OR ASST. MEDICAL EXAMINER.	
19A. DATE OF OPERATION <i>Apr. 4 50</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>1509 E. Lanvale St. 8/6</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Apr. 4 50</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Pt fell in Home. (to floor)</i>	
22. I hereby certify that I attended the deceased from <i>4/5 1950</i> , to <i>5/17 1950</i> , that I last saw the deceased alive on <i>5/17 1950</i> and that death occurred at <i>11:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ernest C. Cerasano</i>		23B. ADDRESS <i>Maryland Gen'l Hosp</i>		23C. DATE SIGNED <i>5/17/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 20, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>H. Sander & Sons</i> <i>1649 E. North Ave 13</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 18 1950</i>		VS 150		<i>George P. Sander 186a</i>	

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page. Some words like "TO BE" and "BY" are faintly visible.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4484

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Theophilus White*2. DATE
OF
DEATH*May 17, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland**Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Union Memorial Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**27-13*

D. STREET ADDRESS (If rural, give location)

5502 Roland Ave, B

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Sept. 27, 1876*9. AGE (In years
last birthday)*(72) 73*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Financing*10B. KIND OF BUSINESS OR
INDUSTRY*own*

11. BIRTHPLACE (State or foreign country)

*North Carolina*12. CITIZEN OF
WHAT COUNTRY?*United States*

13. FATHER'S NAME

Andrew White

14. MOTHER'S MAIDEN NAME

*Harriet Elizabeth Wilson*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*216-09-8114*

17. INFORMANT

ADDRESS

*Hospital Record*18. *601X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Uremia**Several months*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

*Bilateral hydronephrosis and hydro ureter**Unknown.
Several months
at least*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 25, 1950

19B. MAJOR FINDINGS OF OPERATION

Bilateral hydronephrosis and hydro ureter

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 2*, 1950, to *May 17*, 1950, that I last saw the
deceased alive on *May 17*, 1950, and that death occurred at *2:45 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

H.P. Shivers

M. O.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

*5/17/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

May 19, 1950

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAY 18 1950*

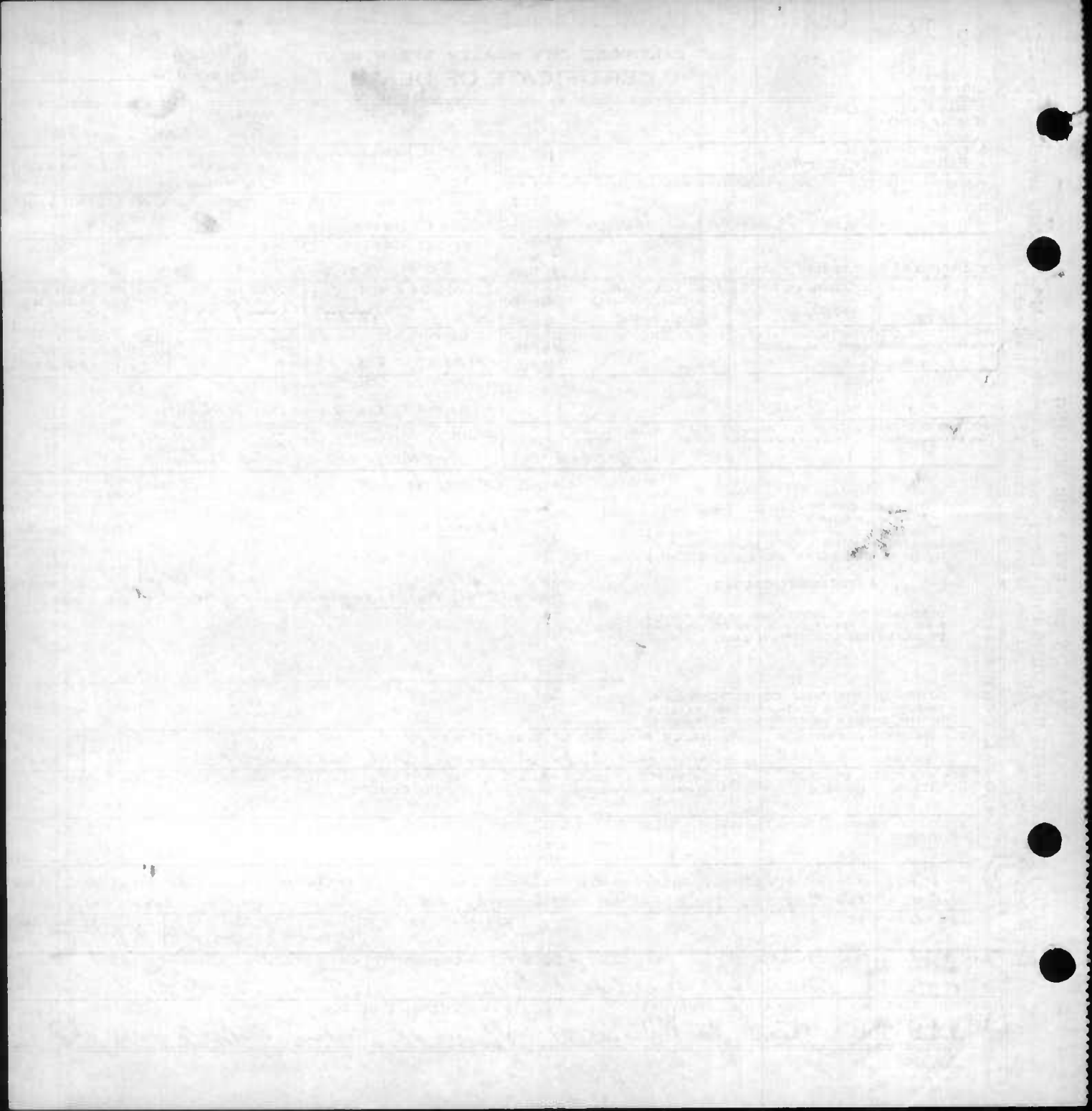
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry H. Jenkins, 4901 York Rd

ADDRESS



S-160
50 4485

50 4485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARIETTA BORTZ SPERRY		MAY 17, 1950	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
A. Baltimore City, Maryland		A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
3402 TRAINOR AVE.		BALTO. 27-19			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
7 Yrs.		3402 TRAINOR AVE.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
F	W	WIDOWED	8-22-1871	78	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE			PENN.	U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
DANIEL BORTZ		ELIZABETH LANEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No.				W.R. SPERRY SAME	

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Coronary Thrombosis		1 hr.	
ANTECEDENT CAUSES		(B) DUE TO		6 mos.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Chronic Myocarditis			
		(C) DUE TO		3 yrs.	
		Hypertension			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 21, 1950, to May 17 th , 1950, that I last saw the deceased alive on May 16, 1950, and that death occurred at 11:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
James A. Miller M.D.		Pikeville, Md.		5/18/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
BURIAL	5-19-1950	ROSE HILL	CUMBERLAND MD.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS		
MAY 18 1950	Huntington Williams, Jr.		H.W. JENKINS & SONS Co. YORK Rd. 4905		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. J.A. MILLER
REISTERSTOWN RD.
WALKER AVE.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 4486

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William F. Ludtke

2. DATE
OF
DEATH

5/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

West Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3119 Belmont Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 8, 1888

9. AGE (In years,
last birthday)

61

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

Lithographing

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Ludtke

14. MOTHER'S MAIDEN NAME

Amelia Frishe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen M. Ludtke 3119 Belmont Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive arteriosclerotic cardiovascular disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-16, 1950, that I last saw the deceased alive on 5-16, 1950, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Katharine Y. Kemp

M. D.

23B. ADDRESS

West Balto Gen Hosp

23C. DATE SIGNED

5/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

Huntington Williams, M.D.

J. J. Dickner, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4487

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CARRIE W. BUNNECKE

2. DATE
OF
DEATH

May 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

213 E. University Pkwy.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

213 E. University Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 9, 1886

9. AGE (In years last birthday)

64 yrs.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles W. Winter

14. MOTHER'S MAIDEN NAME

Mary Melis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS city Pkwy
Mr. Theodore G. Bunnecke, Jr. 213 E. University

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery occlusion

4 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mild hypertension.

16 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 27, 1950, to May 16, 1950, that I last saw the deceased alive on May 14, 1950, and that death occurred at 8 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

701 N. Kenwood Ave.

5-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

Huntington Williams, M.D.

Wm. J. Lickner & Sons

Balto. Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 4488

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rev. Levi Barnes Or Rev. Levy Barnes

2. DATE
OF
DEATH

5/16/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1336 N. Mount St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1336 N. Mount St

c. Length of stay in Baltimore

34 Yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Male

Col.

Married

12/24/1884

65

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fremont N.C.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry Barnes

14. MOTHER'S MAIDEN NAME

Mary

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florence Barnes 1336 N. Mount St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Ante. Insufficiency
DUE TO Hypertension + arteriosclerosis.(B) Hypertension.
DUE TO Hypertension.(C) Hypertension.INTERVAL BETWEEN
ONSET AND DEATH

?

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-, 1950 to 5-16, 1950 that I last saw the
deceased alive on 5-16, 1950 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

5/21/1950

Mt Calvary Cem.

Brooklyn A.A.CO.Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

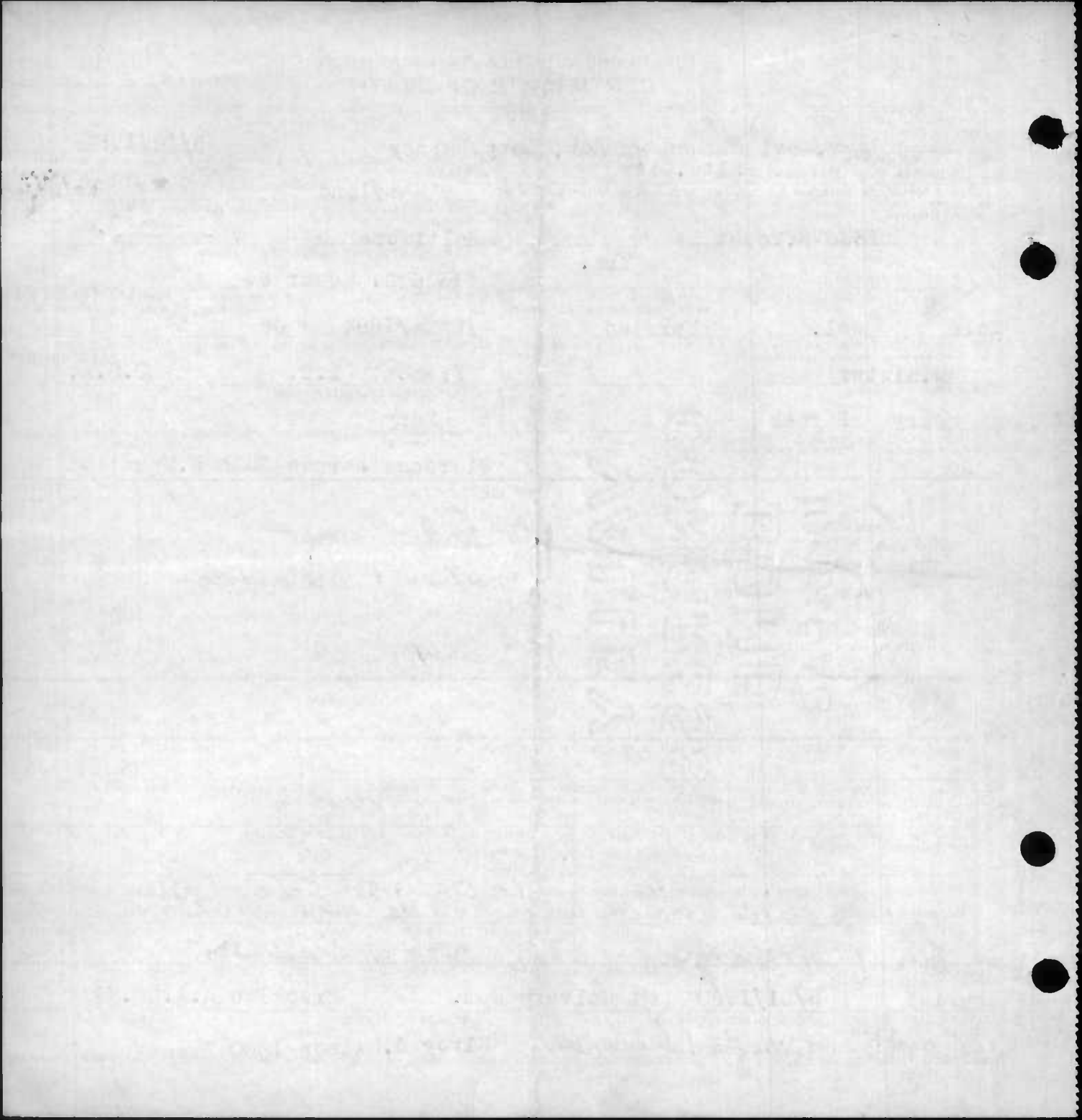
Huntington Williams, M.D.

Elroy O. Wilson 1000 Brantly Ave

VS 150

V0894

131a



M-324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4489

Registered No.

BIRTH NO.

50 4489

1. NAME OF DECEASED
(Type or Print)

Patience Mitchell

2. DATE
OF
DEATH

May 15 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

635 W. Mulberry

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-02

C. Length of stay in Baltimore

1 1/2 years

D. STREET ADDRESS (If rural, give location)

635 W. Mulberry St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 2, 1882

9. AGE in years

67

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Green W. N. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Jesse Ruppen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 635

Mr. Junius Mitchell 635 W. Mulberry St.

18. 331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1 1930 to 5-15, 1950 that I last saw the
deceased alive on 5-14, 1950 and that death occurred at 5:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. Otwell Jones M. D.

23B. ADDRESS

554 Polk St

23C. DATE SIGNED

5-17-50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

May 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cemetery

24D. LOCATION (City, town, or county)

Hillem, N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. W. Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home
1651 Druid Hill Ave

ADDRESS

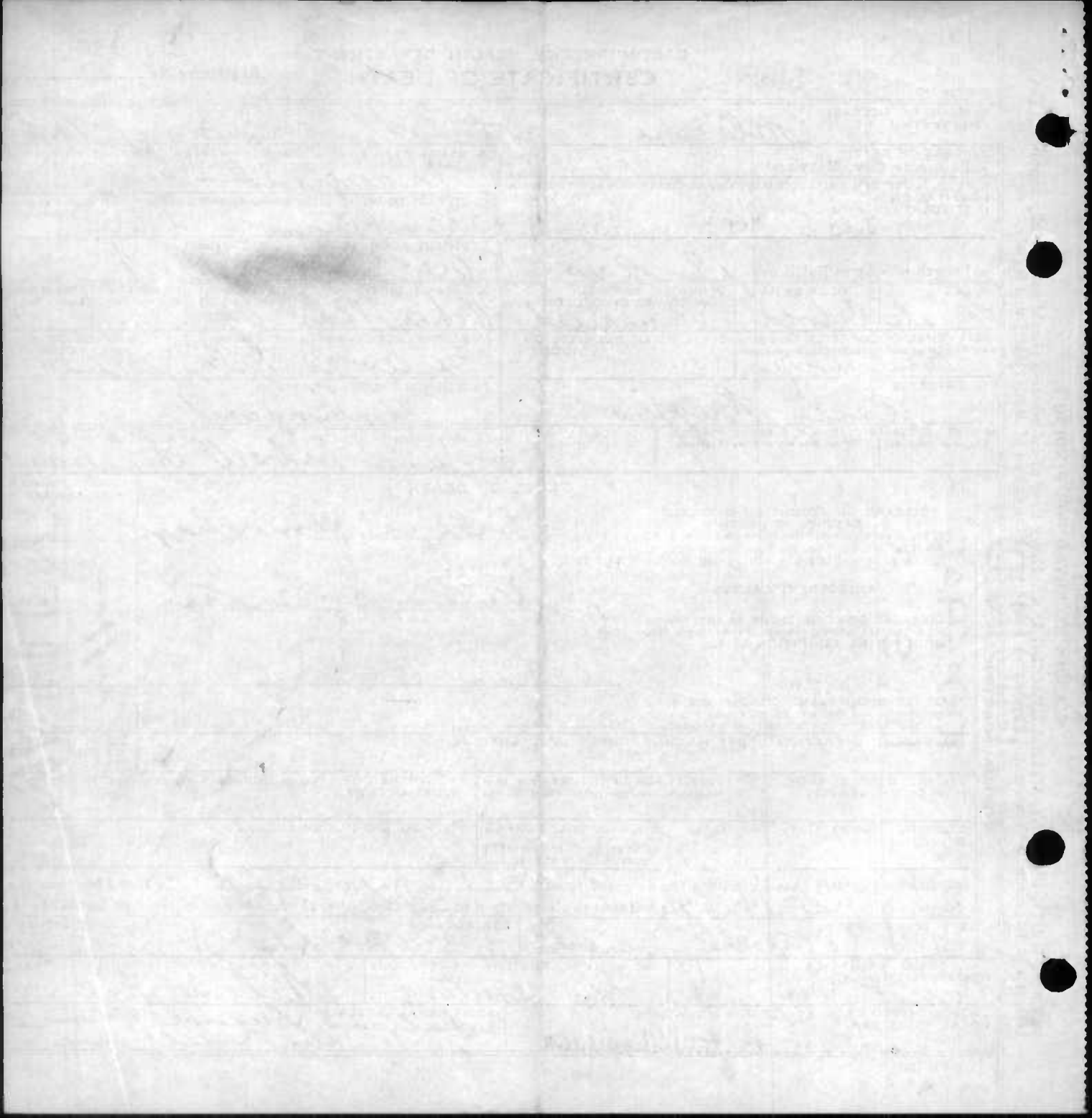
VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



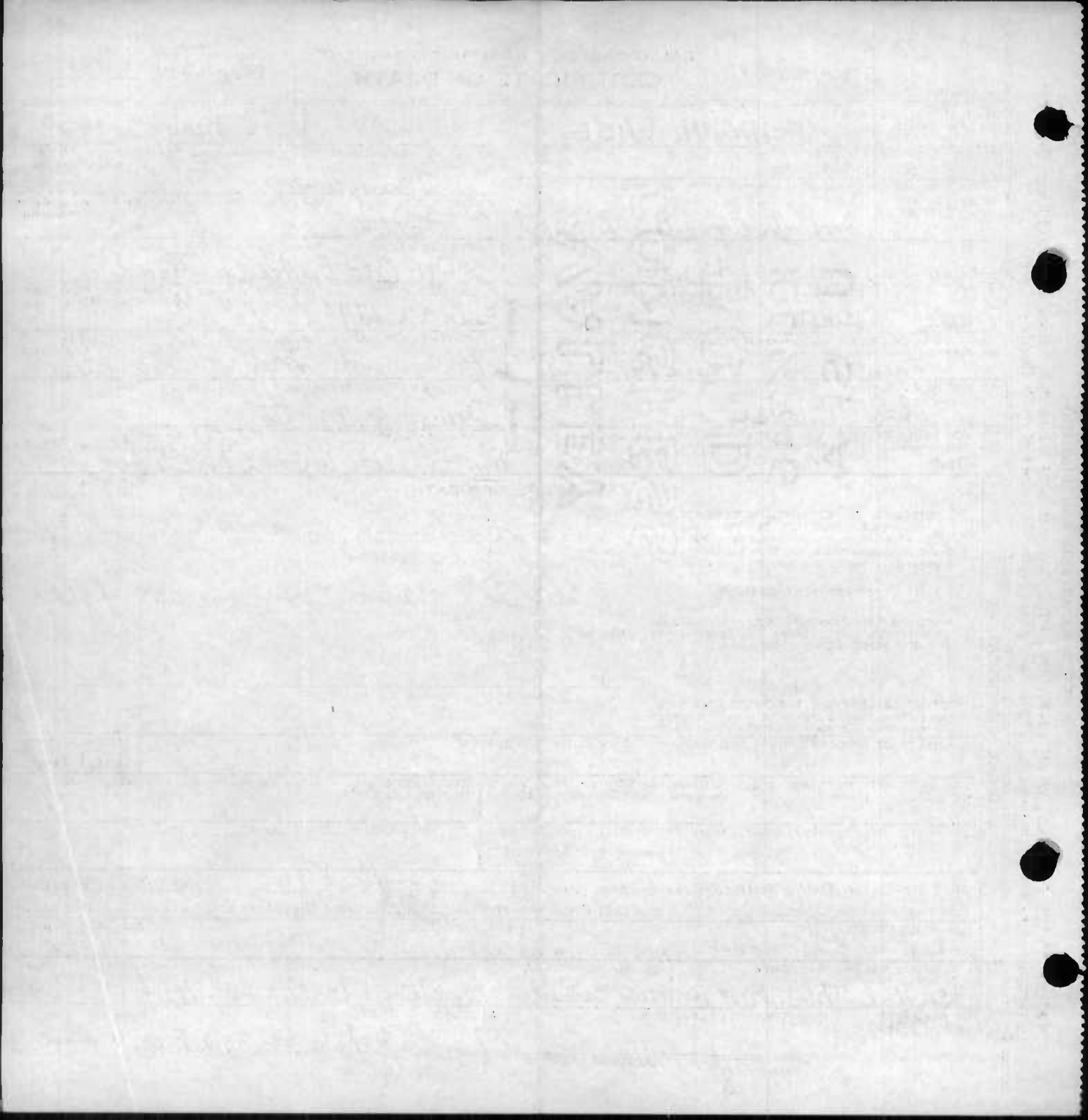
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-200
50 4490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4490

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN H. WISE.		2. DATE OF DEATH May-16-1950.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland. B. COUNTY 20-08			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3441-Old Frederick Road.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 35 yrs.		D. STREET ADDRESS (If rural, give location) 3441-Old Frederick Road.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Feb. 22-1870.	9. AGE (In years, last birthday) 80	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter.		10B. KIND OF BUSINESS OR INDUSTRY House Painting		11. BIRTHPLACE (State or foreign country) Hollywood - Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John R. Wise.		14. MOTHER'S MAIDEN NAME Mary S. Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT Mrs. Hamilton Wise - 2 Maple Ave - Catonsville - Md.	
18. 422-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Hemorrhage DUE TO Cerebral		CAUSE OF DEATH Hypertensive Hemorrhage DUE TO Cerebral		INTERVAL BETWEEN ONSET AND DEATH 30 Days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-Vascular Disease DUE TO Cardio-Vascular Disease		(B) Cardio-Vascular Disease DUE TO Cardio-Vascular Disease		4 Years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/13 , 19 46 , to 5/16 , 19 50 , that I last saw the deceased alive on 5/15 , 19 50 , and that death occurred at 11:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Elmer W. Johnson		23B. ADDRESS M. D. 3432 Frederick Ave		23C. DATE SIGNED 6/18/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May-19-1950		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery.	
24D. LOCATION (City, town, or county) (State) Baltimore - Md.		25. FUNERAL DIRECTOR Charles J. Schwalb, 3512-Fred'k. Ave.		ADDRESS	



50 4491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 4491
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADAM HENRY BOCKLAGE

2. DATE
OF
DEATH

May 17, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3725 Fait Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3725 Fait Ave.

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

October 26, 1879

9. AGE (In years
last birthday)

70

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Mechanist

10B. KIND OF BUSINESS OR
INDUSTRY

Machinist

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Francis J.H. Bocklage

14. MOTHER'S MAIDEN NAME

Margaret A. Ortt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-03-7936

17. INFORMANT

ADDRESS

Mrs. Frank A. Fisher 3725 Fait Ave.

18.

161X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Larynx

DUE TO

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Coronary Sclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1946, to May 17, 1950, that I last saw the
deceased alive on May 17, 1950, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Gaskel

23B. ADDRESS

637 S. Conkling St.

23C. DATE SIGNED

May 18, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May-20 1950.

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Ave Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 18 1950

Washington Williams, M.D.

Charles S. Zeiler

901 S. Conkling St.

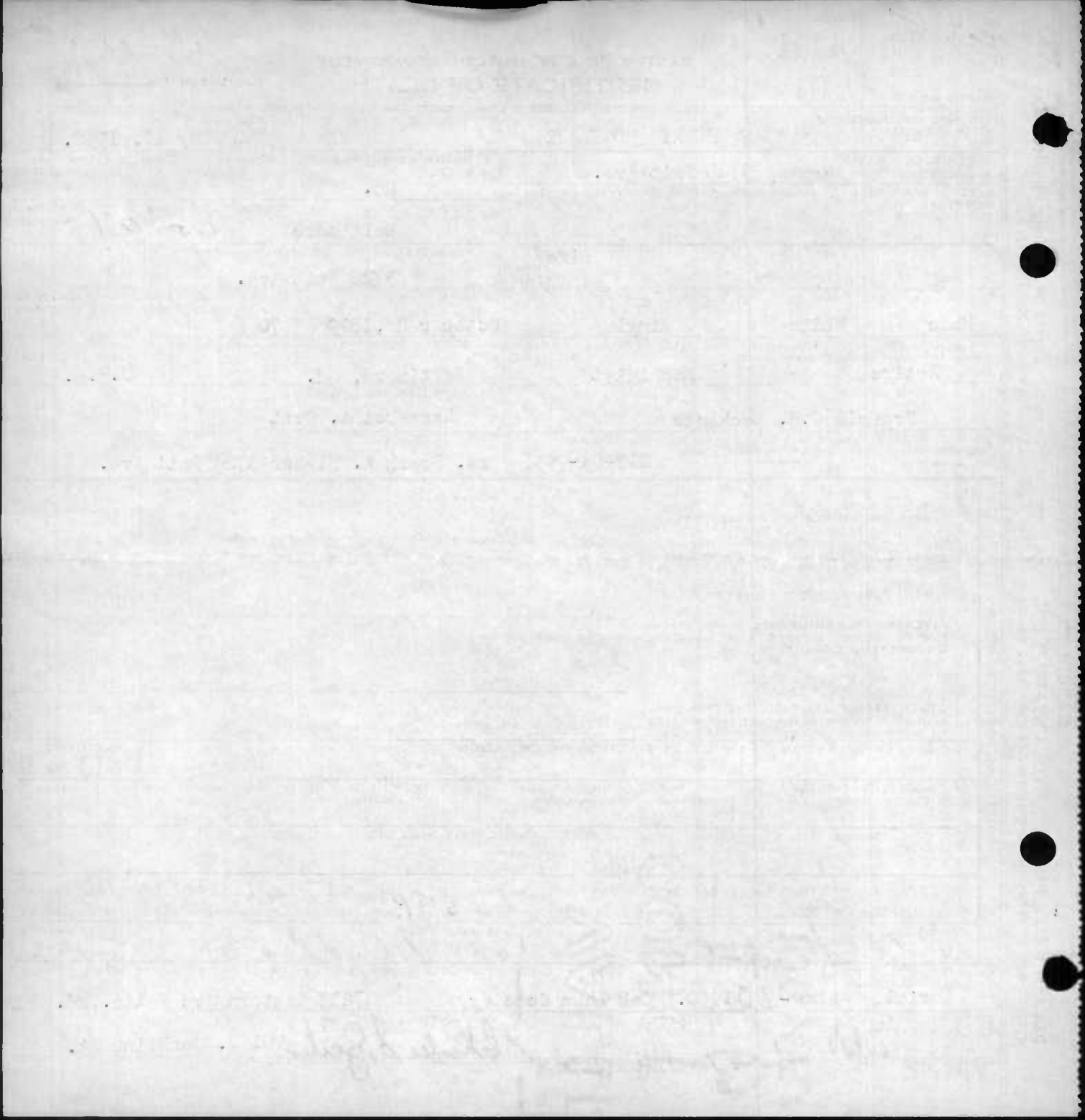
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 28, 1950 to May 17, 1950 that I last saw the deceased alive on May 16, 1950 and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

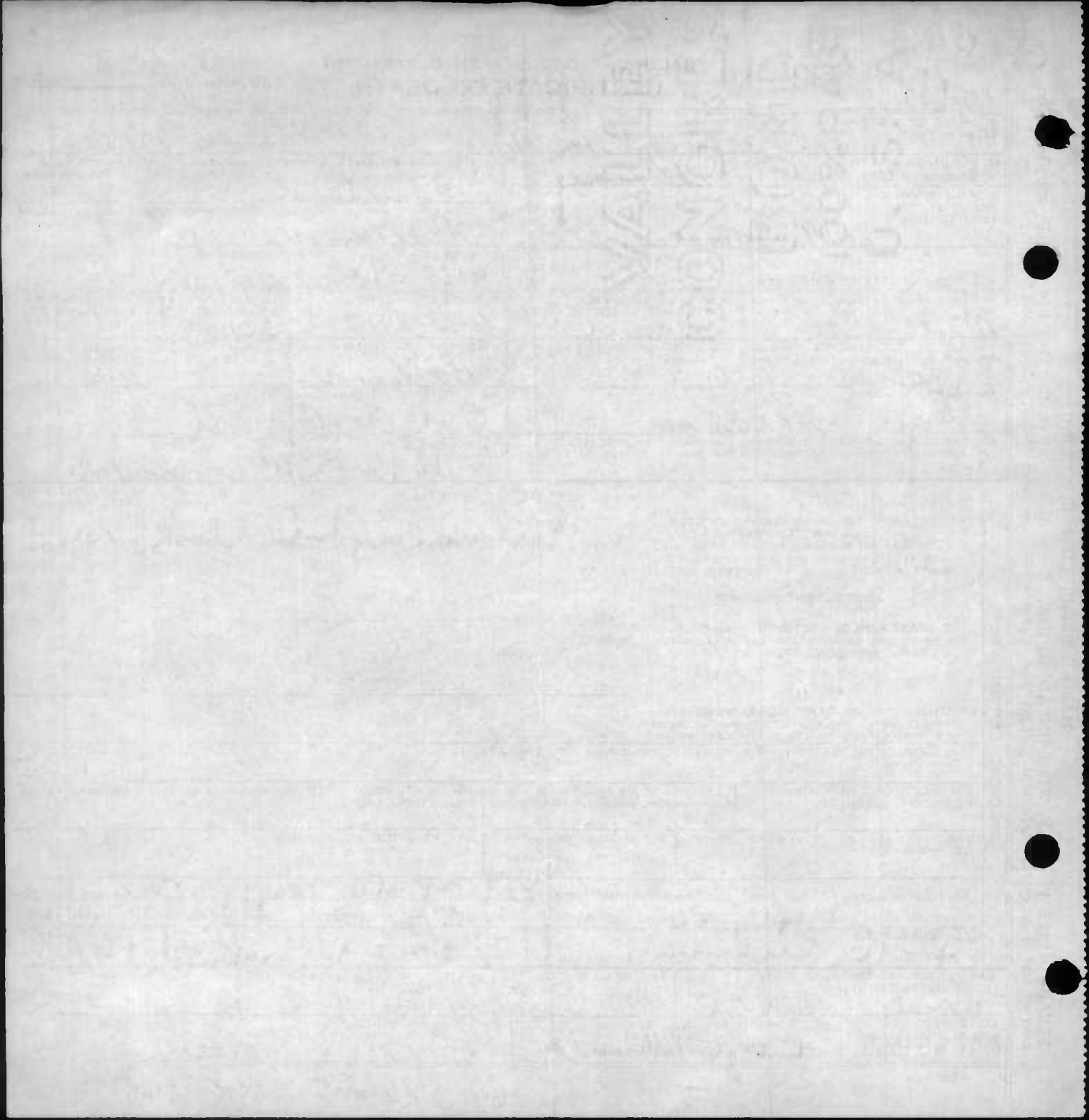
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

75047 1412 E Preston St 1313



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 4493

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

(COOK) CROOK (djm)

2. DATE
OF
DEATH

May 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

818 N. Eden Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-1-1887

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Indies

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Earl Crook 260 Bethel Ct.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular
disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Ins. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Overlander M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
5-15-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/18/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem & A. Co

24D. LOCATION (City, town, or county)

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders 930

1412 E. Preston St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harriett Potter Webster

2. DATE
OF
DEATH

May 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONPine Ridge Convalescent Home
4703 Hampnett Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

3016 Guilford Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 12, 1872

9. AGE (In years
last birthday)

77 yrs

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham S. Potter

14. MOTHER'S MAIDEN NAME

Modessa Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mrs. Georgia P. Bowlus, 3016 Guilford Ave.

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardio-vascular-renal
disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4-10, 1950, to 5-17, 1950, that I last saw the
deceased alive on 5-16, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

B. L. Ewald Jr. M.O.

23B. ADDRESS

36 York Court

23C. DATE SIGNED

5/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 19, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. W. Lamoreau

ADDRESS

4510 Liberty
Heights Ave.

MAY 18 1950

VS 150

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STATE OF NEW YORK

201 21 22

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SAMUEL PENDLETON GUTRIDGE

2. DATE
OF
DEATH

5/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2607 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2607 Guilford Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/11/1880

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Sea food

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry J. Gutridge

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

2607 Guilford Avenue
Mr. S.P. Gutridge, Jr.INTERVAL BETWEEN
ONSET AND DEATH

18. 4200

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1950, to May, 1950, that I last saw the
deceased alive on May 1950, and that death occurred at 6:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Fusting

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

5-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Govans

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 18 1950

REGISTRAR'S SIGNATURE

William H. Fusting

25. FUNERAL DIRECTOR

WEEDEFELD & SON

ADDRESS

GREENMOUNT AVE & 22ND

...and ...

L-260
50 4496BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Earl) HAROLD F. LIESHEAR

(djm)

2. DATE
OF
DEATH May 16, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)
Johns Hopkins HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore 3-01

C. Length of stay in Baltimore

Life time

D. STREET ADDRESS (If rural, give location)
1616 E. Pratt St.5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
5/8/129. AGE (In years
last birthday)
38If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Oiler10B. KIND OF BUSINESS OR
INDUSTRY
Steel Industry11. BIRTHPLACE (State or foreign country)
Baltimore, Md12. CITIZEN OF
WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
William F. Leishear14. MOTHER'S MAIDEN NAME
Bertha Landon15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Bertha Decker 7411 Dunmanway

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)
Pulmonary tuberculosis

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE
R. Fisher23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ May 16, 1950
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial24B. DATE
5/20.5024C. NAME OF CEMETERY OR CREMATORY
Mt Olivet24D. LOCATION (City, town, or county) (State)
2930 Frederick AveDATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
John J. Cowan & son, 901 Hollins Street

ADDRESS

MAY 18 1950

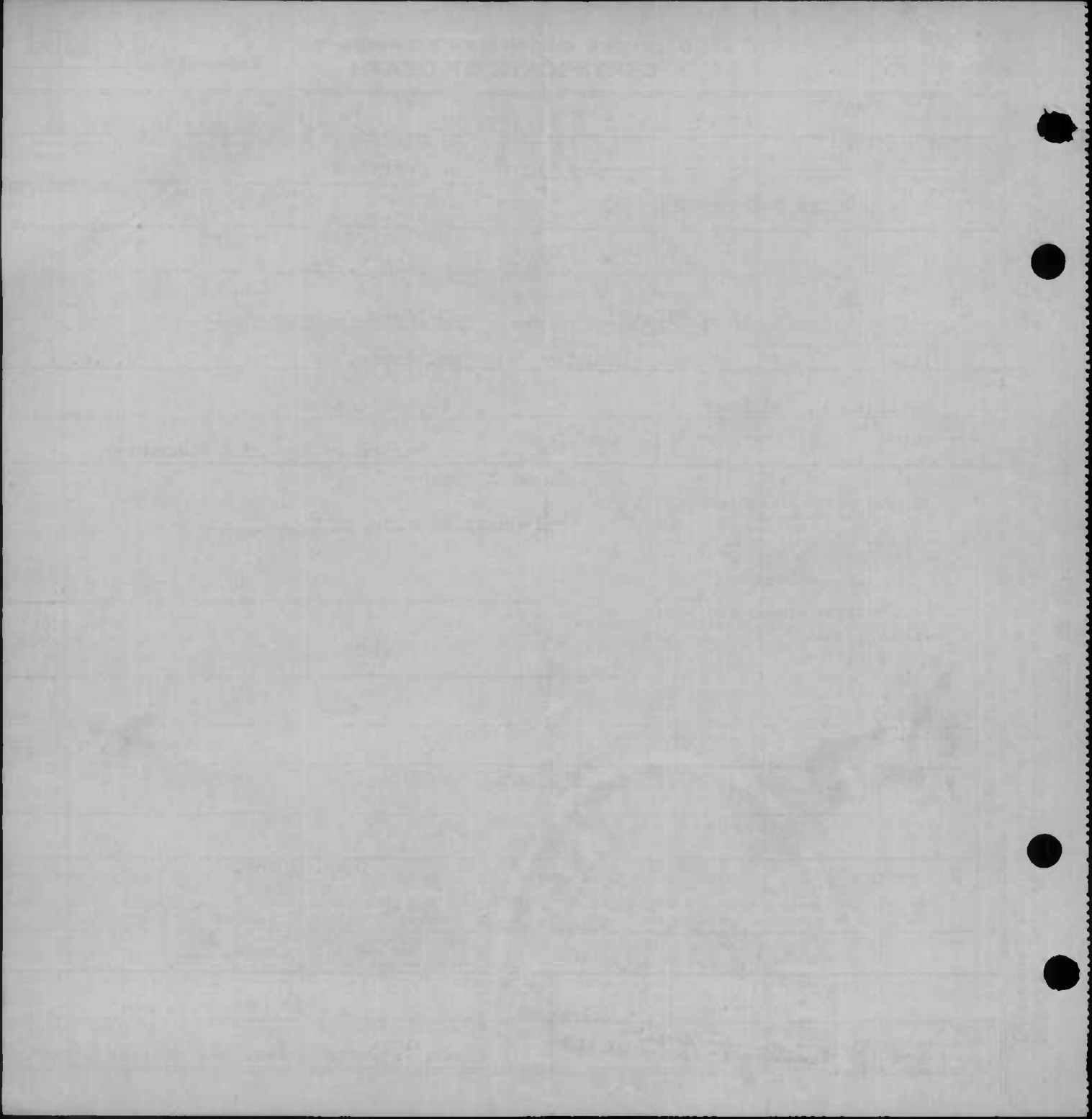
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 4497**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**PHILIP A. HANIGAN, SR.**2. DATE
OF
DEATH**May 17, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**Crawford Retreat
2117 Denison St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2107 Lyndhurst Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**divorced**

8. DATE OF BIRTH

Oct. 15, 18739. AGE (In years
last birthday)**76**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**pressman**10B. KIND OF BUSINESS OR
INDUSTRY**Newspaper**

11. BIRTHPLACE (State or foreign country)

Pennsylvania12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Catherine Moesinger15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**004-01-2241A**

17. INFORMANT

Mr. Philip A. Hanigan, Jr., 3813-47th St.ADDRESS **D.C.
N.W., Washington**18. **420.1**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

Arterio SclerosisDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

DUE TO

SenilityII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. J. Ticken

M. D.

23B. ADDRESS

3033 W. Dexter

23C. DATE SIGNED

5/18/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

5/19/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.DATE RECEIVED BY
LOCAL REGISTRAR**MAY 18 1950**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Ticken & Sons Balto.

ADDRESS

STATE OF NEW YORK
LEGISLATIVE OFFICE

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 4498
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) EDWARD Y. LAWRENCE			2. DATE OF DEATH May 16, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION West Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-01		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3612 Woodbine Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Apr. 14, 1866	9. AGE (In years last birthday) 84	10. Under 1 Year Months: Days _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman			10B. KIND OF BUSINESS OR INDUSTRY Fishing (self Emp.)		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME William Lawrence			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. Spanish American -	17. INFORMANT ADDRESS Mrs. Jeannette K. Siebel 3612 Woodbine Ave.		

18. **E 974 X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) **Asphyxiation**

DUE TO **strangulation by hanging**

(B) _____

DUE TO _____

(C) _____

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3612 Woodbine Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 16, 1950 Bet. 2&4 P m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self by electric cord from joist	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/19/50		24C. NAME OF CEMETERY OR CREMATORY Balto. National	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Dickson & Sons Balto Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR MAY 18 1950		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			

VS 151

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Place of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Minister of Religion	
13. Name of Coroner		14. Name of Registrar		15. Name of Medical Examiner		16. Name of Health Officer	
17. Name of County Clerk		18. Name of Town Clerk		19. Name of Village Clerk		20. Name of City Clerk	
21. Name of State Clerk		22. Name of Federal Clerk		23. Name of National Clerk		24. Name of International Clerk	
25. Name of Local Clerk		26. Name of Regional Clerk		27. Name of District Clerk		28. Name of Division Clerk	
29. Name of Bureau Clerk		30. Name of Office Clerk		31. Name of Section Clerk		32. Name of Branch Clerk	
33. Name of Sub-Branch Clerk		34. Name of Unit Clerk		35. Name of Team Clerk		36. Name of Detail Clerk	
37. Name of Assignment Clerk		38. Name of Temporary Clerk		39. Name of Part-Time Clerk		40. Name of Seasonal Clerk	
41. Name of Casual Clerk		42. Name of Contract Clerk		43. Name of Freelance Clerk		44. Name of Self-Employed Clerk	
45. Name of Independent Clerk		46. Name of Sole Proprietor Clerk		47. Name of Partner Clerk		48. Name of Associate Clerk	
49. Name of Consultant Clerk		50. Name of Advisor Clerk		51. Name of Specialist Clerk		52. Name of Expert Clerk	
53. Name of Professional Clerk		54. Name of Technical Clerk		55. Name of Scientific Clerk		56. Name of Artistic Clerk	
57. Name of Literary Clerk		58. Name of Musical Clerk		59. Name of Dramatic Clerk		60. Name of Cinematic Clerk	
61. Name of Televisual Clerk		62. Name of Radio Clerk		63. Name of Broadcast Clerk		64. Name of Journalistic Clerk	
65. Name of Editorial Clerk		66. Name of Publishing Clerk		67. Name of Printing Clerk		68. Name of Distribution Clerk	
69. Name of Marketing Clerk		70. Name of Sales Clerk		71. Name of Advertising Clerk		72. Name of Publicity Clerk	
73. Name of Promotional Clerk		74. Name of Entertainment Clerk		75. Name of Recreation Clerk		76. Name of Amusement Clerk	
77. Name of Leisure Clerk		78. Name of Sports Clerk		79. Name of Fitness Clerk		80. Name of Health Clerk	
81. Name of Wellness Clerk		82. Name of Nutrition Clerk		83. Name of Dietetic Clerk		84. Name of Culinary Clerk	
85. Name of Food Clerk		86. Name of Beverage Clerk		87. Name of Hospitality Clerk		88. Name of Service Clerk	
89. Name of Customer Clerk		90. Name of Retail Clerk		91. Name of Wholesale Clerk		92. Name of Import Clerk	
93. Name of Export Clerk		94. Name of Trade Clerk		95. Name of Commerce Clerk		96. Name of Industry Clerk	
97. Name of Manufacturing Clerk		98. Name of Construction Clerk		99. Name of Transportation Clerk		100. Name of Communication Clerk	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 4499BIRTH NO. 49-235821. NAME OF DECEASED
(Type or Print)

CYNTHIA C. MANZ

2. DATE
OF
DEATH

May 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Essex

D. STREET ADDRESS (If rural, give location)

1612 Dewlittle Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 3-1949

9. AGE (in years
last birthday)If Under 1 Year
Months: Days

6

14

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balts. Co.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David F. Manz

14. MOTHER'S MAIDEN NAME

Therese Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Parents

ADDRESS

18. 7544

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Endocardial fibro-elastosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dunsen M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMA-
TION (Specify)

Removal

24B. DATE

May 18-50

24C. NAME OF CEMETERY OR CREMATORY

Oneota

24D. LOCATION (City, town, or county)

Shuluth, Minnesota

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 18 1950

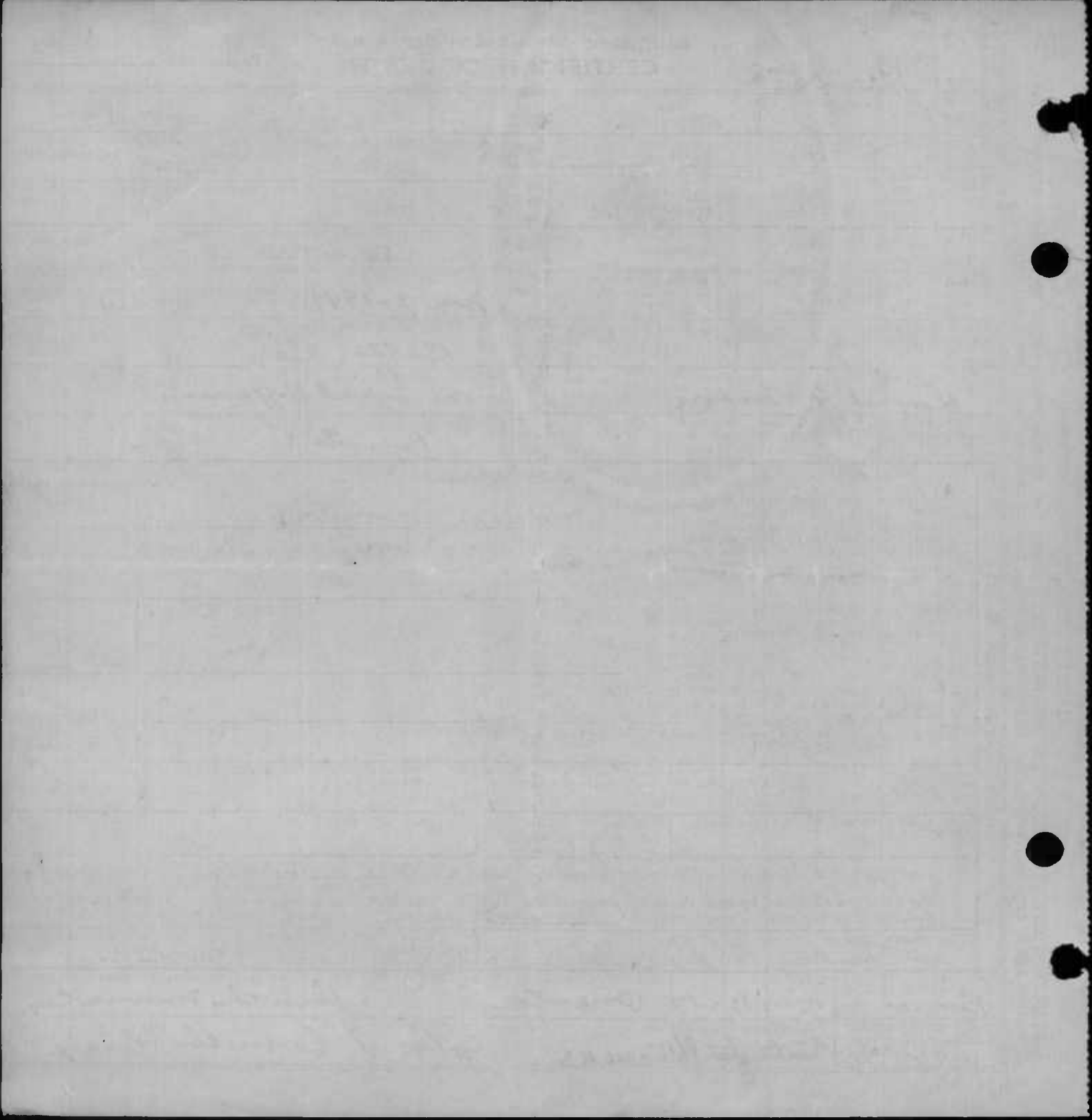
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John S. Connelly

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 4500

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Milton Paul Williams

2. DATE
OF
DEATH

MAY 18 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md Prince Georges

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Greenbelt 6642

D. STREET ADDRESS (If rural, give location)

1400 Ridge Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-10-1910 39 1/40

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Government Employee

10B. KIND OF BUSINESS OR
INDUSTRY

Printing

11. BIRTHPLACE (State or foreign country)

Brooklyn NY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

(If no, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic glomerulonephritis

DUE TO

ANTECEDENT CAUSES

(B)

E Uremia

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease

INTERVAL BETWEEN
ONSET AND DEATH

6 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17-1950 to 5-18-1950, that I last saw the
deceased alive on 5-18-1950, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Edy H. H. Schenrich

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-19-50

24C. NAME OF CEMETERY OR CREMATORY

Montifore Cem.

24D. LOCATION (City, town, or county)

Springfield Gardens L.I.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc

ADDRESS

2100 Eutaw Rd

MAY 18 1950

VS 150

26697

501

131B

William J. ...

...

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